

Name
in
Full

Mabel E. Anderson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>upper Falls</i>		<i>1000</i> County		MARYLAND	
Date of death <i>1908</i>	Month <i>13</i>	Day <i>11</i>	Age <i>43</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Maryland</i>		
Occupation <i>House wife</i>		Where Residing if not at place of death <i>Same</i>			
Married, Single or Widowed	Name of Wife or Husband <i>Thos Anderson</i>				
Father's Name <i>George H. Webster</i>	Father's Birthplace <i>NY</i>		Mother's Birthplace <i>Unknown</i>		
Mother's Maiden Name <i>not known</i>	Name of person giving information <i>Thos Anderson</i>		How related to deceased <i>Husband</i>		

Uremia 6 days after childbirth.

CAUSES OF DEATH

137

PHYSICIAN
OR CORONER

Primary <i>Blood Poisons {Puerperal septicemia}</i>	How long <i>3 days</i>
Immediate <i>Heart failure</i>	How long <i>5 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. F. H. Gorsuch</i>
<i>Patient went into convulsions caused by uremia, 6 days</i>	Address <i>Fork Road</i>
Accident or Suicide? <i>no - after birth of last child.</i>	

Clinton

Salem M. E.

Upper Felsend

Name
in
Full

Olie R. Andreev

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Rockland</u> ^{Town}		<u>Baltimore</u> ^{County}		MARYLAND	
Date of death <u>1908</u>	<u>3</u> ^{Month}	<u>14</u> ^{Day}	Age <u>45</u> ^{Years}	<u>9</u> ^{Months}	<u>23</u> ^{Days}
Sex <u>Female</u>	Color or Race <u>white</u>		Birth-place <u>Harford Co</u>		
Occupation <u>Housewife</u>	Where Residing if not at place of death <u>Rockland</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Samuel C. Andreev</u>				
Father's Name <u>John S. James</u>	Father's Birthplace <u>Harford Co</u>				
Mother's Maiden Name <u>Laura Cole</u>	Mother's Birthplace <u>Harford Co</u>				
Name of person giving information <u>Samuel C. Andreev</u>	How related to deceased <u>Husband</u>				

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	<u>Bright's Disease</u>	How long	<u>6 wks.</u>
Immediate	<u>Cerebral Neuralgia</u>	How long	<u>10 minutes</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>J. P. Rogers</u>
		Address	<u>Lowes Md.</u>
Accident or Suicide? <u>no</u>			

John Burns Sons
Lonsom

Camp Chapel
Cemetery
Balt. Co. Md.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sparrow's Point</i> <small>Town</small> <i>Baltimore</i> <small>County</small> <i>Cd.</i>		MARYLAND	
Date of death	<i>1908</i>	<i>3</i>	<i>14</i>
Month		Day	Age
Sex	<i>Female</i>	Color or Race	<i>White</i>
Occupation	<i>None</i>	Where Residing if not at place of death	<i>None</i>
Married, Single or Widowed	<i>Widow</i>	Name of Wife or Husband	<i>Freeman Atwood</i>
Father's Name	<i>Unknown</i>	Father's Birthplace	<i>Unknown</i>
Mother's Maiden Name	<i>Unknown</i>	Mother's Birthplace	<i>Unknown</i>
Name of person giving information	<i>Alph. Woodworth</i>	How related to deceased	<i>Son in law</i>

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	<i>Bright's Disease</i>	How long	<i>Unknown</i>
Immediate	<i>Uremic Coma</i>	How long	<i>20 hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Al Woodworth M.D.</i>
		Address	<i>Sparrow's Point Md.</i>
Accident or Suicide?			



Name
in
Full

Minnie Louis Barnhardt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

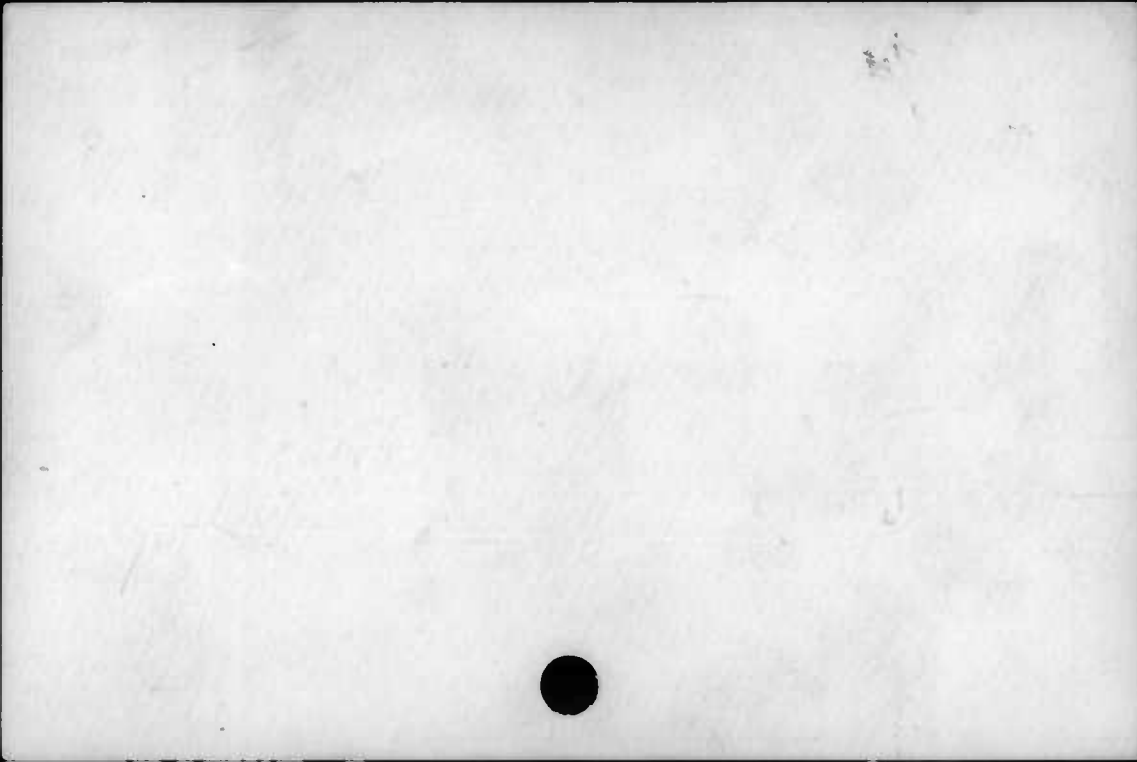
Died at		Town Catonsville		County Baltimore		MARYLAND	
Date of death		Month 1908 March		Day 26		Age Years 26 Months Days	
Sex female		Color or Race white		Birth- place Primer, Seay Co			
Occupation Housewife		Where Residing if not at place of death Catonsville Md					
Married, Single or Widowed Married		Name of Wife or Husband Geo A H Barnhardt					
Father's Name Louis Sherwood		Father's Birthplace don't know					
Mother's Maiden Name Bertie St Love		Mother's Birthplace Va					
Name of person giving information Geo A H Barnhardt		How related to deceased Husband					

CAUSES OF DEATH

137

PHYSICIAN
OR CORONER

Primary	child birth.	How long	
Immediate	Septicemia	How long	20 days
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Marshall B West	
		Address Catonsville, Md.	
Accident or Suicide?			



Name
in
Full

Mary L. Beatty

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

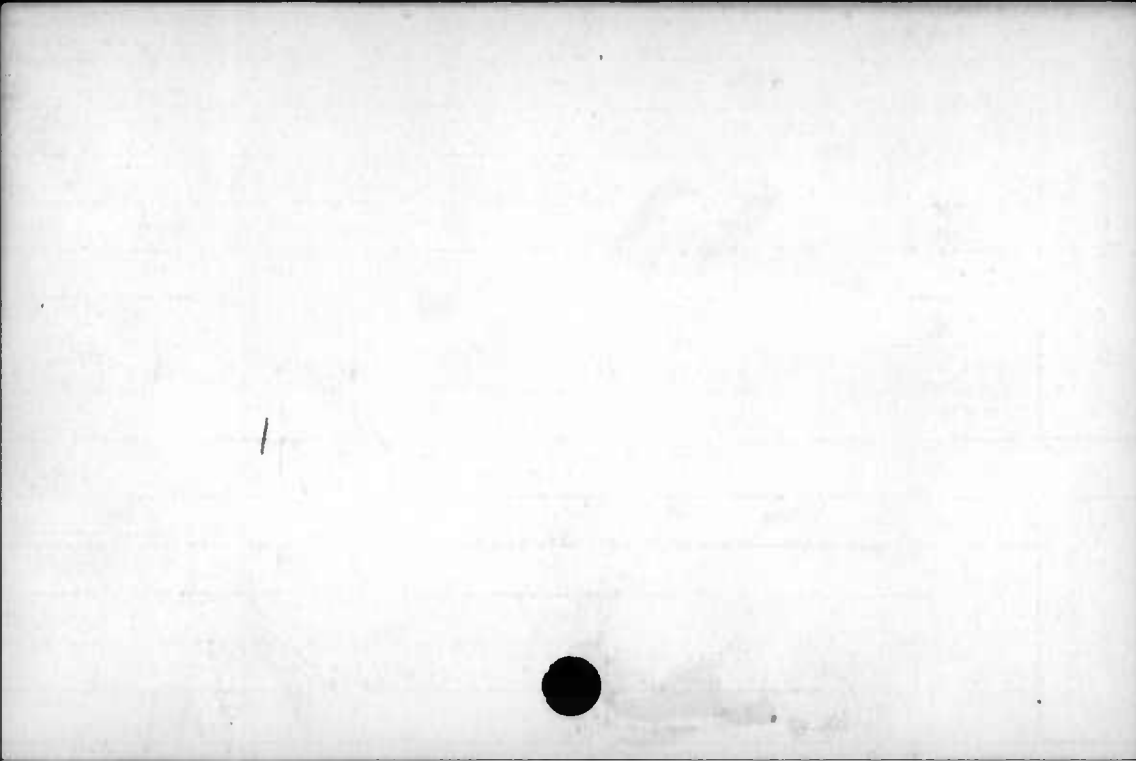
Died at		Town <i>Glenn Arm</i>		County <i>Baltimore</i>		MARYLAND	
Date of death		Month <i>March</i>	Day <i>24</i>	Years <i>79</i>	Months <i>8</i>	Days <i>26</i>	
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>Maryland</i>
Occupation	<i>Retired housekeeper</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>Widow</i>		Name of Husband	<i>James Beatty</i>			
Father's Name	<i>Lyde Goodwin</i>				Father's Birthplace	<i>Maryland</i>	
Mother's Maiden Name	<i>Ann S. Worthington</i>				Mother's Birthplace	<i>Maryland</i>	
Name of person giving information	<i>Laura M. Beatty</i>				How related to deceased	<i>Daughter</i>	

CAUSES OF DEATH

77

PHYSICIAN
OR CORONER

Primary	<i>Organic heart disease</i>		How long	<i>Several years</i>
Immediate	<i>Pericarditis</i>		How long	<i>Two weeks</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
		<i>John S. Green</i>		
		Address		
		<i>Sittings</i>		
		<i>Ind</i>		
Accident or Suicide <input type="checkbox"/>				



Name
in
Full

Alfred Bell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died <i>near</i>		Town <i>Granite</i>		County <i>Baltimore</i>		State <i>MARYLAND</i>	
Date of death 190 <i>8</i>		Month <i>Mar</i>	Day <i>Wed.</i>	Age <i>50</i>	Years		Months <i>—</i>
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>near Granite</i>			
Married, Single or Widowed <i>Married</i>		Occupation <i>Day laborer</i>					
Name of Wife or Husband <i>Annie Gropf</i>							
Father's Name <i>Joseph Bell</i>				Father's Birthplace <i>Granite</i>			
Mother's Maiden Name <i>Willet Bell</i>				Mother's Birthplace <i>Granite</i>			
Name of person giving information <i>—</i>							

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>		How long <i>1 year</i>	
Immediate <i>Dyspnoea</i>		How long <i>—</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>G. B. Offutt</i>	
		Address <i>Granite</i>	
Accident or Suicide? <i>No</i>		<i>md</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highlandtown</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death	<i>1908</i>	Month <i>Mar</i>	Day <i>24</i>	Age <i>6</i>	Months <i>6</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birthplace <i>Balti Co Md</i>		
Occupation <i>None</i>	Where Residing if not at place of death <i>222. Canton Ave Balt Co</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>None</i>				
Father's Name <i>Leonard J Bell</i>	Father's Birthplace <i>Balti Co Md</i>				
Mother's Maiden Name <i>Helia Bradford</i>	Mother's Birthplace <i>Balti Co Md</i>				
Name of person giving information <i>Helia Bradford Bell</i>	How related to deceased <i>Mother</i>				

CAUSES OF DEATH

166

Physician
OR CORONER

Primary <i>Crushed by. Elec. light</i>	How long <i>—</i>
Immediate <i>pale</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>David A. Thompson</i>
Accident or Suicide? <i>Accident</i>	Address <i>1500 Highland Ave Baltimore Co Md</i>

Undertaker

Wm C. Black

Place of burial

Mt. Carmel Cem

March 27/08

Name in Full		Frederick Bellman				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town <i>Leanton</i>		County <i>Baltimore</i>		STATE <i>MARYLAND</i>
	Date of death		Month <i>9</i>	Day <i>27</i>	Years <i>7</i>	Months <i>7</i>	Days
	Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Balt'o Co</i>		
	Occupation <i>None</i>		Where Residing if not at place of death <i>_____</i>				
	Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>_____</i>				
	Father's Name <i>Frederick Bellman</i>				Father's Birthplace <i>Baltimore</i>		
	Mother's Maiden Name <i>Maggie Smith</i>				Mother's Birthplace <i>Baltimore</i>		
Name of person giving information <i>Frederick Bellman</i>				How related to deceased <i>Pat'ner</i>			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		<i>Meningitis</i> ✓			How long <i>6 days</i>	
	Immediate		<i>& exhaustion</i>			How long <i>-</i>	
	Are the name, age, sex, color, date and place correctly given above?			Signature of Physician <i>M. J. McAvoy MD</i>			
				Address <i>829 S. Canton St</i>			
Accident or Suicide?							

Trinity Cemetery

March 31/08

H. Sander Sons

Name
in
Full

CERTIFICATE OF DEATH

Annie G. Berry

Town

Sherwood

County

Baltimore

MARYLAND

Died at

Date

of death 1908

Month

3

Day

20

Age

Years

66

Months

4

Days

10

Sex

Female

Color or
Race

White

Birth-
place

Maryland

Occupation

Wife

Where Residing if not
at place of death

Pikesville

Married, Single
or WidowedName of Wife or
Husband

unknown

Father's
Name

Thomas Corry

Father's
Birthplace

Denna

Mother's
Maiden Name

Julia Sweeney

Mother's
Birthplace

New York

Name of person giving
In formation

Mrs Hunter

How related
to deceased

daughter

CAUSES OF DEATH

79

Primary

Organic Dis of Heart

How long

unknown

Immediate

Corac Paralysis

How long

immediately

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

R. C. Massenburg

Address

R. C. Massenburg M.D.

Accident or Suicide?

J. B. Harbor Health Officer

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

A S Marshall
3539 Fall Road

May, 20 - 1908

Bona Bro

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Rachel Bernstein</i>		Town <i>720 Fredrick ar.</i>		County <i>Caton'sville</i>		MARYLAND	
Died at		Month <i>3</i>		Day <i>25</i>		Age <i>15</i>	
Date of death <i>1908</i>		Years <i>3</i>		Months <i>3</i>		Days	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Balto Md</i>			
Occupation <i>None</i>		Where Residing if not at place of death <i>✓</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>✓</i>					
Father's Name <i>Nathan Bernstein</i>		Father's Birthplace <i>Poland</i>					
Mother's Maiden Name <i>Dora Jacobsen</i>		Mother's Birthplace <i>Poland</i>					
Name of person giving information <i>Father</i>		How related to deceased <i>✓</i>					

CAUSES OF DEATH

116

PHYSICIAN
OR CORONER

Primary <i>Gastritis</i>	How long <i>March 20</i>
Immediate <i>Relvic Peritonitis</i>	How long <i>5 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	
Signature of Physician <i>Fred W. Nelson M.D.</i>	
Address <i>1721 - Canton ar</i>	
Accident or Suicide? <i>✓</i>	

Max Levinson -
645 W Fayette St.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>John W H Berreloth</i>		Town <i>Pineclico</i>		County <i>Baltimore</i>		MARYLAND	
Died at		Date of death		Age		Months	
		<i>1908</i>		<i>25</i>		<i>18</i>	
Month <i>March</i>		Day <i>25</i>		Years		Days	
Sex <i>Male</i>		Color or Race <i>wh.</i>		Birth-place <i>Baltimore</i>			
Occupation <i>Infant</i>				Where Residing If not at place of death <i>Ethelbert ave.</i>			
Married, Single <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Ralph H Berreloth</i>		Father's Birthplace <i>Baltimore</i>					
Mother's Maiden Name <i>Margaret Benner</i>		Mother's Birthplace <i>Baltimore</i>					
Name of person giving information <i>Ralph H Berreloth</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

90

PHYSICIAN
OR CORONER

Primary <i>Capillary Bronchitis</i>		How long <i>9 days</i>	
Immediate <i>Cyanosis & Failure Heart</i>		How long <i>over day</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>E. C. Smith M.D.</i>	
		Address <i>1605 N. North Ave.</i>	
Accident or Suicide?			

London Park.

Mch. 27/08.

Wm Cant

502 E North ave

Name
in
Full

Albert Munrode Bicker

CERTIFICATE OF DEATH

Died at		Town <i>Freeland</i>		County <i>Baltimore</i>		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1908		Mar	9	1		11	9
Sex		Color or Race		Birth-place			
Male		white		Maryland.			
Occupation				Where Residing if not at place of death			
None							
Married, Single or Widowed		Name of Wife or Husband					
Single							
Father's Name				Father's Birthplace			
Frank S Bicker				Penna.			
Mother's Maiden Name				Mother's Birthplace			
Maggie Schuchart				Maryland.			
Name of person giving information				How related to deceased			
Frank S. Bicker				Father			

CAUSES OF DEATH

93

PHYSICIAN OR CORONER	Primary	<i>Lobar Pneumonia</i>	How long	<i>5 days</i>
	Immediate	<i>Cedema of Lungs</i>	How long	<i>2 days</i>
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
	Yes.		<i>Jas. L. Yaghi</i>	
	Address		<i>New Freeland Pa.</i>	
Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Bessie B. Bobart

MARYLAND

Died at ^{Town} *Viola*^{County} *Balto*Date
of death *1908*Month *3*Day *23*

Age

Years *26*Months *—*Days *—*

Sex

*Female*Color or
Race*White*Birth-
place*Balto Md*

Occupation

*Musie Teacher*Where Residing if not
at place of death*113 N-Stricker St*Married, Single
or Widowed*Single*Name of Wife or
HusbandFather's
Name*Charles B. Bobart*Father's
Birthplace*Balto Md*Mother's
Maiden Name*Georgetta Schley*Mother's
Birthplace*va*Name of person giving
Information*Paul E. Bobart*How related
to deceased*Brother*

CAUSES OF DEATH

164

Primary

Falling from Balustrade

How long

Immediate

Immediate

Fracture Base of Skull

How long

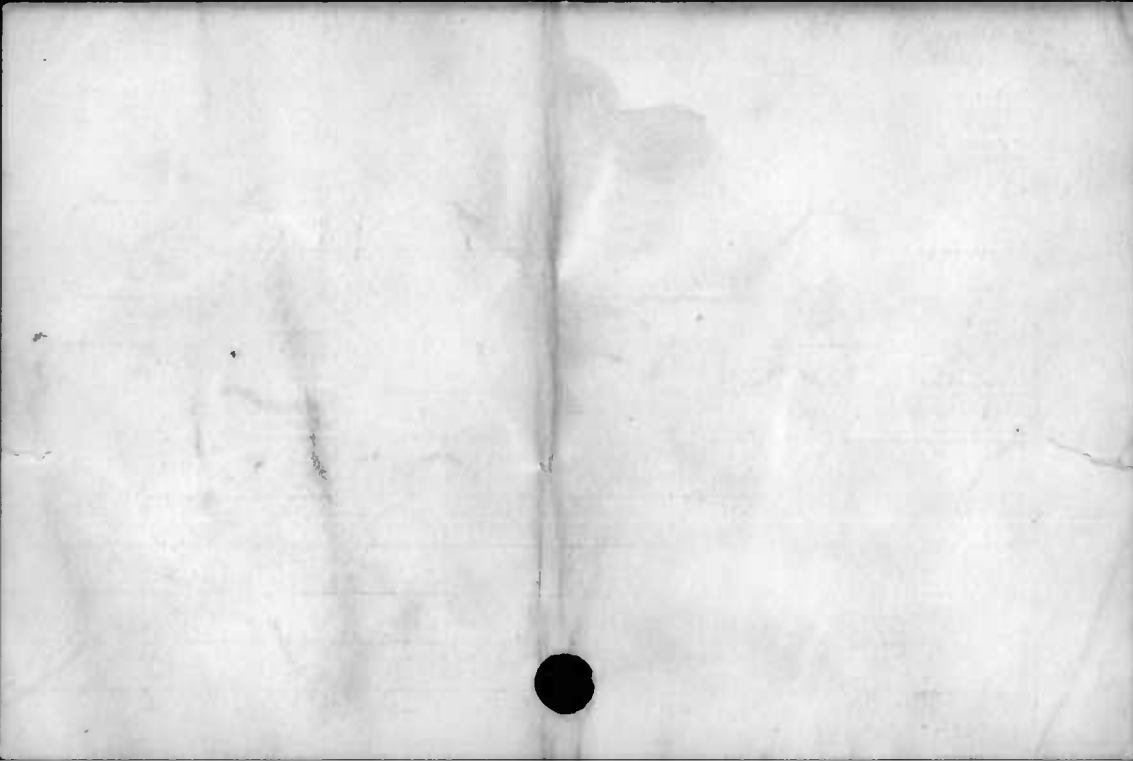
Are the name, age, sex, color, date
and place correctly given above?*yes*Signature
Physician*August W. Mills, Coroner*

Address

Wm. Wmians

Accident or Suicide?

*Accident**Balto Co. Md.*



Name in Full		Barbara Rocklage				CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at		Canton ^{Town}		Baltimore ^{County}		MARYLAND			
	Date of death		1908	March	22	Age	53	Months	Days	
	Sex		Female		Color or Race		White		Birth-place	Baltimore
	Occupation		Housework		Where Residing if not at place of death					
	Married, Single or Widowed		Widowed		Name of Wife or Husband		Henry Rocklage			
	Father's Name		don't know				Father's Birthplace		Germany	
	Mother's Maiden Name		don't know				Mother's Birthplace		Germany	
	Name of person giving information		Joseph Rocklage				How related to deceased		Son	
		CAUSES OF DEATH				(93)				
PHYSICIAN OR CORONER	Primary		Pneumonia				How long		9 days	
	Immediate		Cardiac Syncope				How long		one day	
	Are the name, age, sex, color, date and place correctly given above?		yes				Signature of Physician		David W. Jones	
							Address		3116 O'Connell St	
		Accident or Suicide?								

Sacred Heart Cemetery

March 26th 1908

Germanus Frank

Under the

Name
in
Full

Dora Amelia Boerner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Town <i>Toxonton</i>		County <i>Balt -</i>		MARYLAND	
Date of death	1908	Month <i>3</i>	Day <i>7</i>	Age <i>9</i>	Months <i>6</i>
Sex <i>Female</i>		Color or Race <i>white</i>		Birth- place <i>Ind</i>	
Occupation <i>none</i>			Where Residing if not at place of death —		
Married, Single or Widowed —		Name of Wife or Husband —			
Father's Name <i>Frederick B. Boerner</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Anna A. Walsh</i>			Mother's Birthplace <i>Germany</i>		
Name of person giving In formation <i>Anna A. Walsh</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

172

PHYSICIAN
OR CORONER

Primary <i>drowned, accidentally</i>	How long <i>—</i>
Immediate <i>Fell from a log crossing creek</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Geo. H. Wilson M.D.</i>
	Address <i>Fowltburg</i>
Accident or Suicide? <i>Accident</i>	<i>Ind</i>



Name
in
Full

CERTIFICATE OF DEATH

Marion E. Brown

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Catonville</i> Town <i>Baltimore</i> County <i>Baltimore Co</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>3</i>	Day <i>10</i>	Age <i>11</i> Years Months Days
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Baltimore Co, Md</i>	
Occupation <i>None</i>	Where Residing if not at place of death <i>Lives at home</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>None</i>		
Father's Name <i>Henry S. Brown</i>	Father's Birthplace <i>Baltimore City</i>		
Mother's Maiden Name <i>Frances Singer</i>	Mother's Birthplace <i>Philadelphia Pa</i>		
Name of person giving information <i>J. Shatmaeyrie</i>	How related to deceased <i>Friend</i>		

CAUSES OF DEATH

9

PHYSICIAN
OR CORONER

Primary <i>Diphtheria</i>	How long <i>4 days</i>
Immediate <i>Toxemia</i>	How long <i>15 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. Shatmaeyrie</i>
	Address <i>Catonville Md</i>
Accident or Suicide?	

Chas. Prister
Bonnie Bray.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

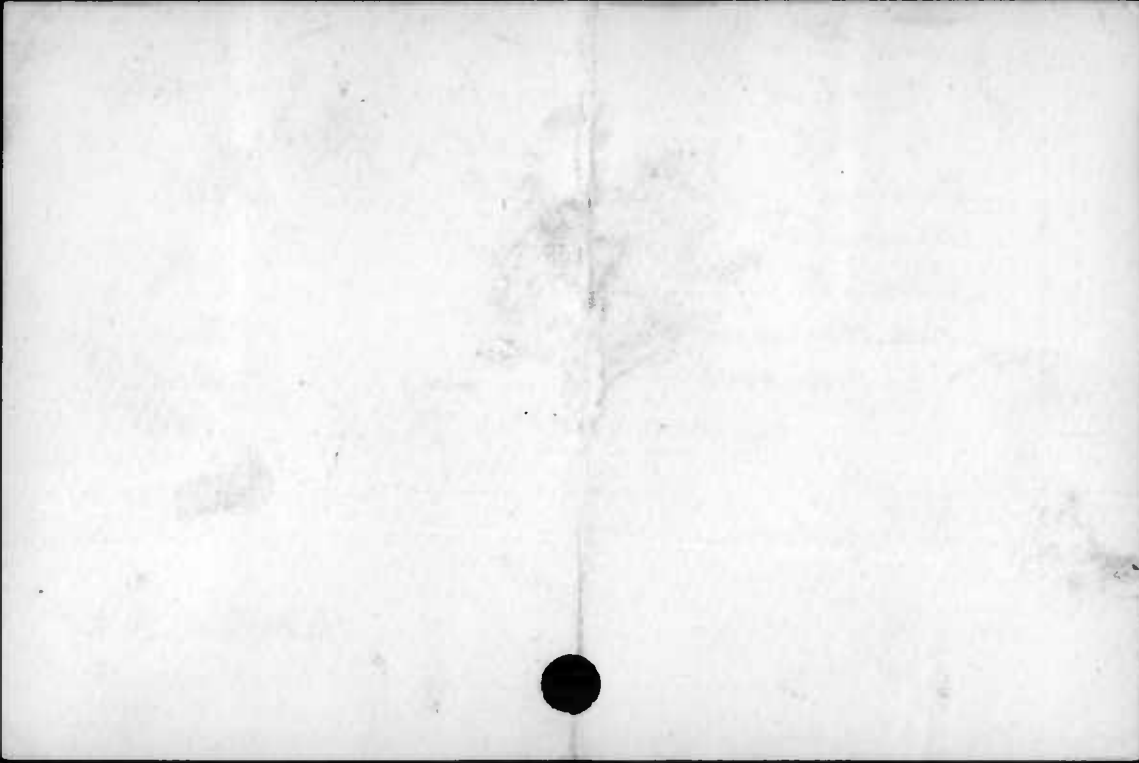
Died at <i>Glyndon</i> ^{Town} <i>Md.</i> ^{County} <i>Baltimore</i>		MARYLAND	
Date of death <i>1908</i>	<i>March</i> ^{Month}	<i>7</i> ^{Day}	<i>14</i> ^{Days}
Sex <i>male</i>	Color or Race <i>white</i>	Birth place <i>Glyndon Md.</i>	
Occupation <i>—</i>	Where Residing if not at place of death <i>Glyndon Md.</i>		
Married, Single or Widowed <i>—</i>	Name of Wife or Husband <i>—</i>		
Father's Name <i>William Brown</i>	Father's Birthplace <i>Glyndon Md.</i>		
Mother's Maiden Name <i>Sarah Turnbaugh</i>	Mother's Birthplace <i>Glyndon Md.</i>		
Name of person giving information <i>William Brown</i>	How related to deceased <i>Father</i>		

CAUSES OF DEATH

71

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Infantile Convulsions</i>	How long <i>48 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. J. H. Drack</i>
	Address <i>Baltimore Md.</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

Ira Reginald Burke

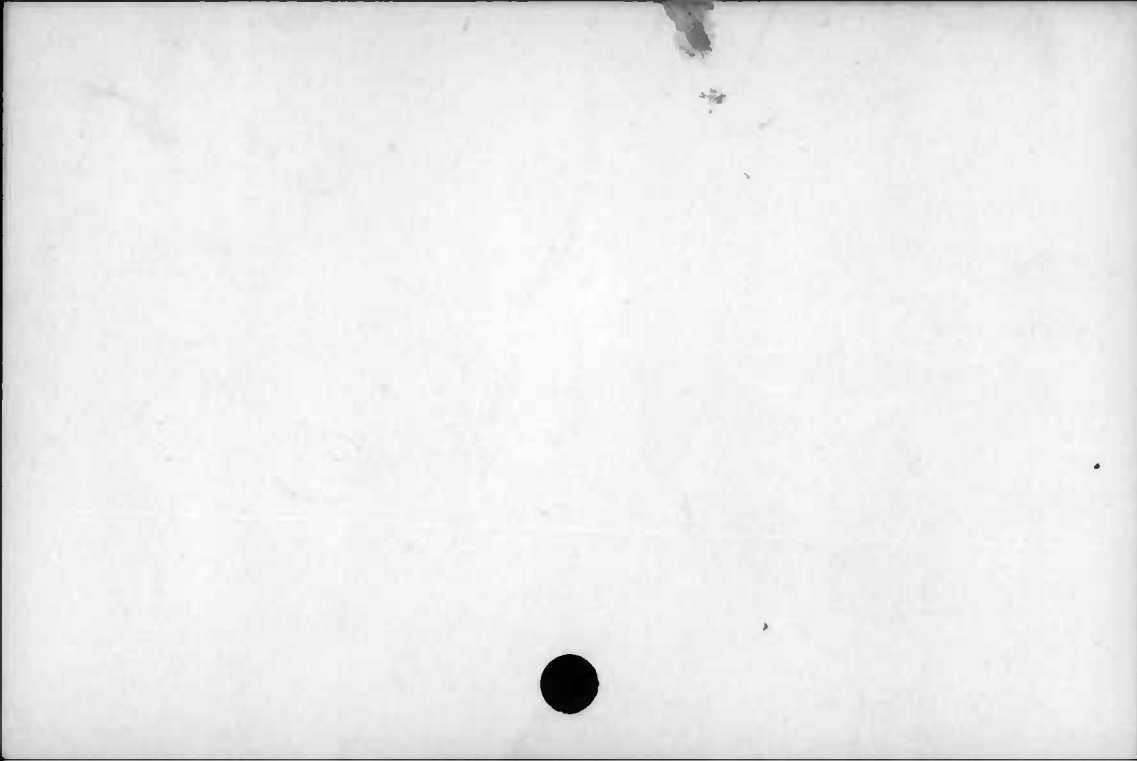
CERTIFICATE OF DEATH

Died at ^{Town} <i>Woodensburg</i>		^{County} <i>Balt</i>		MARYLAND	
Date of death	1908	Month	3	Day	7
Age	31	Years	2	Months	8
Sex	<i>Male</i>	Color or Race	<i>white</i>	Birth-place	<i>Ind</i>
Occupation	<i>Conductor</i>		Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed	<i>single</i>	Name of Wife or Husband <i>—</i>			
Father's Name	<i>Rev Harrison Burke</i>			Father's Birthplace	<i>Ind</i>
Mother's Maiden Name	<i>Margaret Light</i>			Mother's Birthplace	<i>Ind</i>
Name of person giving information	<i>Rev Harrison Burke</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

27

PHYSICIAN OR CORONER	Primary	<i>Tuberculosis of Lungs</i>	How long	<i>4 weeks</i>
	Immediate	<i>—</i>	How long	<i>—</i>
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
	<i>yes</i>		<i>Jas. H. Wilson M.D.</i>	
		Address		<i>Howthorough Ind</i>
Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Almire E Burton</i>		Town <i>Lauraville</i>		County <i>Baltimore</i>		MARYLAND	
Died at <i>Lauraville</i>		Month <i>Mar</i>		Day <i>21</i>		Age <i>44</i>	
Date of death <i>1908</i>		Month <i>Mar</i>		Day <i>21</i>		Months <i>10</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Balls Bladensburg</i>		Days <i>10</i>	
Occupation <i>Housewife</i>		Where Residing if not at place of death _____					
Married, Single or Widowed <i>Married</i>		Name of Wife <i>Isaac B Howard</i>					
Father's Name <i>Isaac B Howard</i>		Father's Birthplace <i>Pennsylvania</i>					
Mother's Maiden Name <i>Mary A Price</i>		Mother's Birthplace <i>Balls Bladensburg</i>					
Name of person giving information <i>Geo L Burton</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

80

PHYSICIAN
OR CORONER

Primary	<i>Angina Pectoris</i>	How long	<i>Six months</i>
Immediate	<i>Heart failure</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>E. J. Darling</i>	
		Address <i>Lauraville Md</i>	
Accident or Suicide? <i>no</i>			



Name
in
Full

Heber Cartcock

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

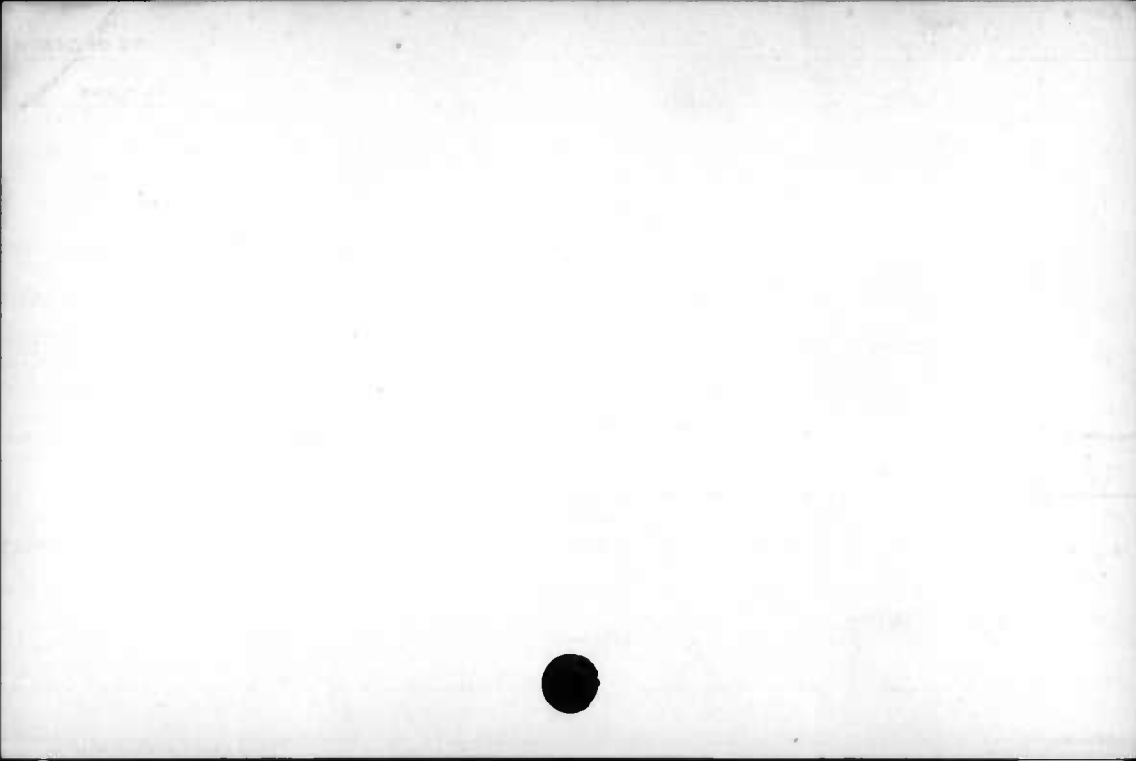
Died at <i>Beaufort</i> Town <i>Beaufort</i> County <i>Beaufort</i>			
Date of death <i>1908</i>	Month <i>March</i>	Day <i>30</i>	Age <i>60</i>
Sex <i>Female</i>		Color or Race <i>white</i>	Birth-place <i>Ind</i>
Occupation <i>Ch</i>		Where Residing if not at place of death <i>—</i>	
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>		
Father's Name <i>Eliak Cartcock</i>	Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Aunie Cornsley</i>	Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>Eliak Cartcock</i>	How related to deceased <i>Father</i>		

CAUSES OF DEATH

72

PHYSICIAN
OR CORONER

Primary <i>Tetanus</i>	How long <i>24 hours</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>John H. Hammond</i>
	Address <i>Middleburg Ind</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

Marnie Carey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Lutherville</i> Town <i>Baile</i> County		MARYLAND	
Date of death <i>1908</i> <i>3</i> Month <i>23</i> Day	Age <i>38</i> Years	<i>0</i> Months	<i>24</i> Days
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth-place <i>Sandy Spring Md.</i>	
Occupation <i>Housewife</i>	Where Residing if not at place of death		
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Wm Carey</i>		
Father's Name <i>Hayward Floyd</i>	Father's Birthplace <i>South Carolina</i>		
Mother's Maiden Name <i>Jane Bowen</i>	Mother's Birthplace <i>Sandy Spring Md.</i>		
Name of person giving information <i>Hayward Floyd</i>	How related to deceased <i>Father</i>		

CAUSES OF DEATH

40

PHYSICIAN
OR CORONER

Primary <i>Tumor of Stomach</i>	How long <i>about a year</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr. Thos. C. Bussey</i>
	Address <i>Texas Md.</i>
Accident or Suicide?	

Barry ^{at} Townson Cemetery.

Slip Henry's undated
1578 W. Bickel St

Name in Full		Catherine. K. Bone				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at ^{Town} Hamilton		^{County} Balto		MARYLAND			
		Date of death	1908	Month	March	Day	27	Age	72
		Sex	Female		Color or Race	white		Birth-place	Germany
		Occupation	None		Where Residing if not at place of death		Hamilton Balto County		
		Married, Single or Widowed	Widow		Name of Wife or Husband		Joseph M. Bone		
PHYSICIAN OR CORONER		Father's Name		Jacob Kieffner		Father's Birthplace		Germany	
		Mother's Maiden Name		Charlotte Kieffner		Mother's Birthplace		"	
		Name of person giving information		Mrs Frederick Link		How related to deceased		Niece	
		CAUSES OF DEATH		120		Primary		Bright's disease	
						Immediate		Paralysis	
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		B. B. E. Vogler M.D.			
Accident or Suicide?		None		Address		Hamilton ave & Harbor Road Hamilton, Balt. Co. Md.			

Christian Miller
2334 Jefferson St

London Park Cemetery

Name
in
Full

Charles W. Book

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Stoab		County Balto		MARYLAND	
Date of death	1908	Month	March	Day	30	Age	Years 76 Months 5 Days 25
Sex	Male		Color or Race	White		Birth-place	Rhode Island
Occupation	Stationary Engineer			Where Residing if not at place of death			
Married, Single or Widowed	Widowed		Name of Wife or Husband	Mary Book			
Father's Name	Unknown			Father's Birthplace	Unknown		
Mother's Maiden Name	Unknown			Mother's Birthplace	Unknown		
Name of person giving information	C. Book			How related to deceased	Son		

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	Paralysis	How long	Immediate
Immediate	Paralysis	How long	12 hour
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Dr. F. A. Glantz	
Address		41 Eastern Ave. E. E.	
Accident or Suicide?			

W. J. Tickner & Sons,

Cilmington,
Delaware.

March 30/08

Name
in
Full

Benjamin P. Cooper

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

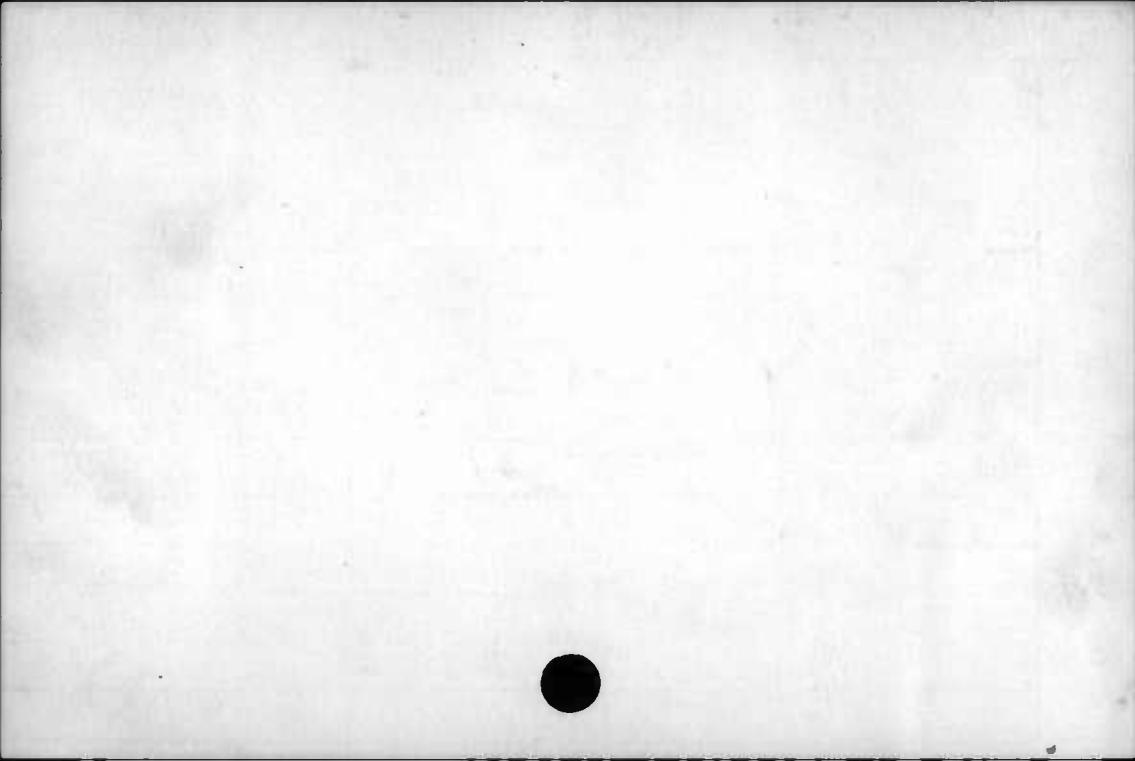
Died at <i>Near Parkton</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death <i>1908</i>	<i>3</i> ^{Month}	<i>13</i> ^{Day}	Age <i>77</i> ^{Years}	<i>—</i> ^{Months}	<i>—</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Md.</i>		
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>Md.</i>				
Married, Single or Widowed <i>Widower</i>	Name of Wife or Husband <i>Nancy Cooper</i>		<i>—</i>		
Father's Name <i>Pego Cooper</i>	Father's Birthplace <i>Md.</i>				
Mother's Maiden Name <i>Don't know</i>	Mother's Birthplace <i>—</i>				
Name of person giving information <i>Sallie L Cooper</i>	How related to deceased <i>Niece</i>				

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <i>Chronic Nephritis</i>	How long <i>1 year</i>
Immediate <i>Dropsy</i>	How long <i>3 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>B. R. Morris</i>
	Address <i>Parkton Md.</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

Mary A. Gurllett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

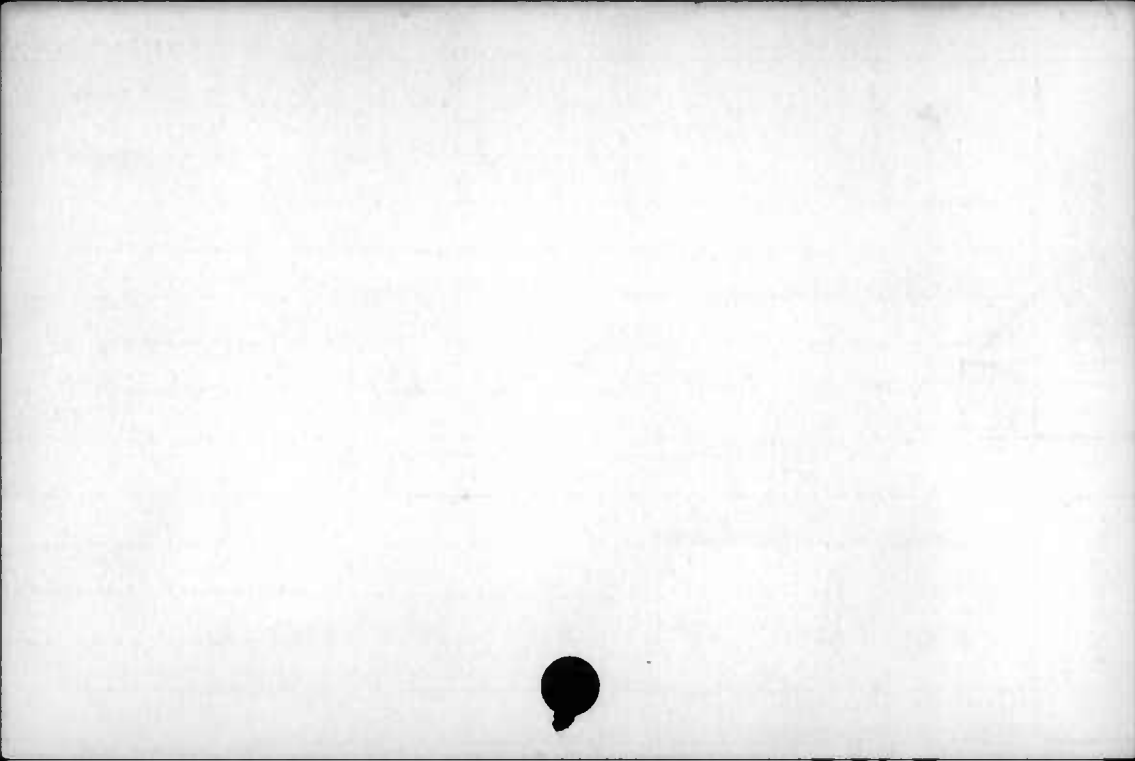
Died at <i>Roland Park</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death	<i>1908</i>	Month	<i>March</i>	Day	<i>8</i>
Age	<i>71</i>	Years	<i>71</i>	Months	<i>4</i>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Balto. Md.</i>
Occupation	<i>None</i>		Where Residing if not at place of death <i>_____</i>		
Married, Single or Widowed	<i>Widow</i>	Name of Wife or Husband	<i>Lewis G. Gurllett (Dead)</i>		
Father's Name	<i>Solomon Allen</i>			Father's Birthplace	<i>Md.</i>
Mother's Maiden Name	<i>Elizabeth Sims</i>			Mother's Birthplace	<i>Md.</i>
Name of person giving information	<i>Lewis Gurllett</i>			How related to deceased	<i>Son</i>

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary	<i>Age</i>	How long	<i>✓</i>
Immediate	<i>Paralysis</i>	How long	<i>2 year</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Dr. H. P. Morgan</i>
		Address	<i>315 N. Monument St.</i>
Accident or Suicide?			



Name
in
Full

Sarah Curley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		508 Boundary Ave		Gorhamstown		County		MARYLAND	
Date	1908	Month	March	Day	2	Years	83	Months	1
Sex	Female		Color or Race	white		Birth-place	Wilmington Del		
Occupation	none		Where Residing if not at place of death		508 Boundary Ave				
Married, Single or Widowed	widowed		Name of Wife or Husband						
Father's Name	George W. Winterhalter					Father's Birthplace	Germany		
Mother's Maiden Name	unknown					Mother's Birthplace	unknown		
Name of person giving information	Hannie R. Kelly					How related to deceased	friend		

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary	Senility	How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	John Evans MD
		Address	602 Leator Ave
Accident or Suicide?			

Burial Cathedral Cem
on March 4 1908

Wm Booth

502 E North Ave

Name
in
Full

Sarah E. Darrett.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Grange</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	1908	Month <i>March</i>	Day <i>6</i>	Age <i>3</i>	Years <i>3</i>	Months <i>11</i>	Days <i>1</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Grange, Md.</i>				
Occupation				Where Residing if not at place of death			
Married, Single or Widowed <i>Widowed</i>				Name of Wife or Husband			
Father's Name <i>G. J. Darrett.</i>				Father's Birthplace <i>Md.</i>			
Mother's Maiden Name <i>Ella W. Warner</i>				Mother's Birthplace <i>Md.</i>			
Name of person giving information <i>G. J. Darrett</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

7

PHYSICIAN
OR CORONER

Primary	<i>Scarlet Fever</i>	How long	<i>3 days.</i>
Immediate	<i>Exhaustion</i>	How long	<i>6 hrs.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. C. Eldred M.D.</i>	
		Address <i>Spencer Point Md.</i>	
Accident or Suicide?			

Armstrong, Denney Co.
415 Fifth St.

Int. Council Cemetery

March 4/08.

Name
in
Full

Sottie Sangherty

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

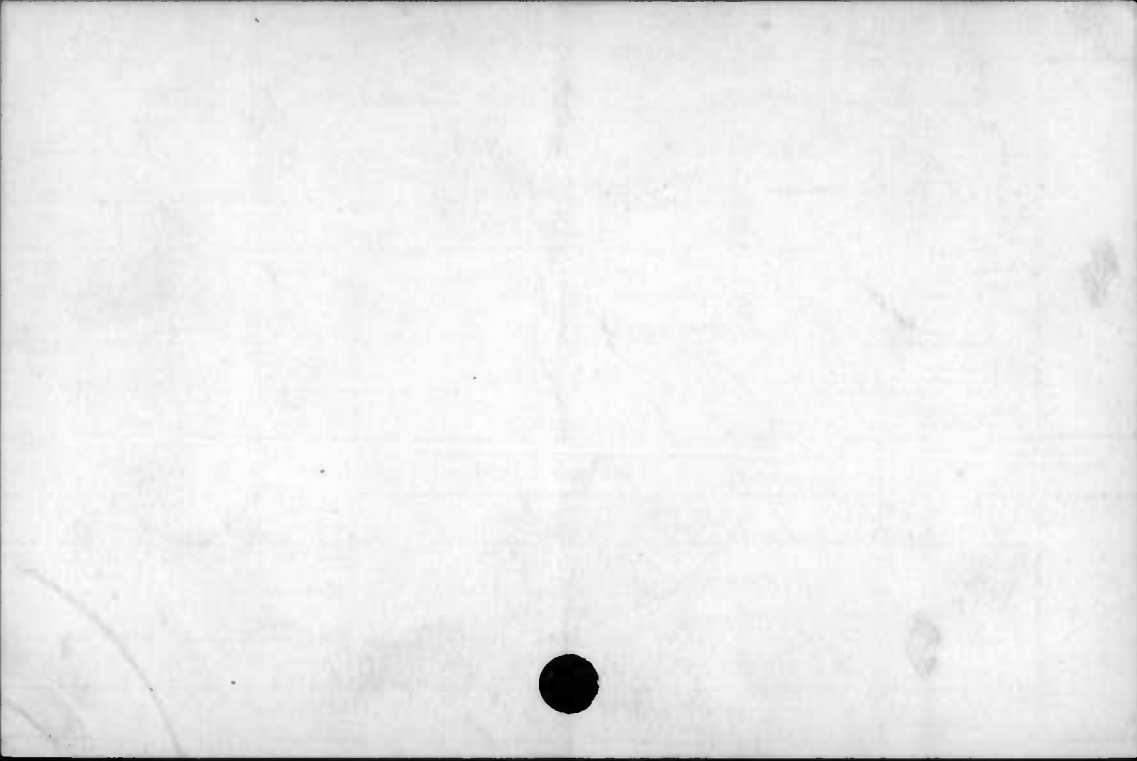
Died at <u>Chase</u> Town		<u>Baltimore</u> County		MARYLAND	
Date of death	<u>1908</u>	Month <u>March</u>	Day <u>17</u>	Age <u>26</u> Years	Months <u>—</u> Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>Columbian</u>	Birth-place <u>Md</u>			
Occupation <u>Housewife</u>		Where Residing if not at place of death <u>at home</u>			
Married, Single or Widowed		Name of Wife or Husband <u>John Sangherty</u>			
Father's Name <u>James Allen</u>		Father's Birthplace <u>Md</u>			
Mother's Maiden Name <u>Alberta Butler</u>		Mother's Birthplace <u>Md</u>			
Name of person giving information <u>John Sangherty</u>		How related to deceased <u>Husband</u>			

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<u>Pulmonary Tuberculosis</u>	How long <u>3 yrs</u>
Immediate	<u>1 hemorrhage</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>L. B. Mac</u>
		Address <u>Rossview</u>
		<u>Md</u>
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Elizabeth Day

Died at ^{Town} Gray's^{County} Baltimore

MARYLAND

Date
of death 1908^{Month} May^{Day} 30^{Year} Age 68^{Months} 3^{Days} 2

Sex Female

Color or
Race WhiteBirth-
place Baltimore, Md

Occupation Housewife

Where Residing if not
at place of death Simpsonville, Md.Married, Single
or Widowed WidowName of ~~Widower~~
Husband Richard DayFather's
Name George MetcalfFather's
Birthplace Fresh Co MdMother's
Maiden Name Not KnownMother's
Birthplace Not KnownName of person giving
In formation Annie M. ParrishHow related
to deceased Daughter

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary Cerebral Hemorrhage, Hemiplegia

How long 6 Weeks

Immediate Coma; Convulsions

How long 10 days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Wm Blambrill

Address

Ellicott City, Md.

Accident or Suicide?



Name
in
Full

L. P. Disharoon

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

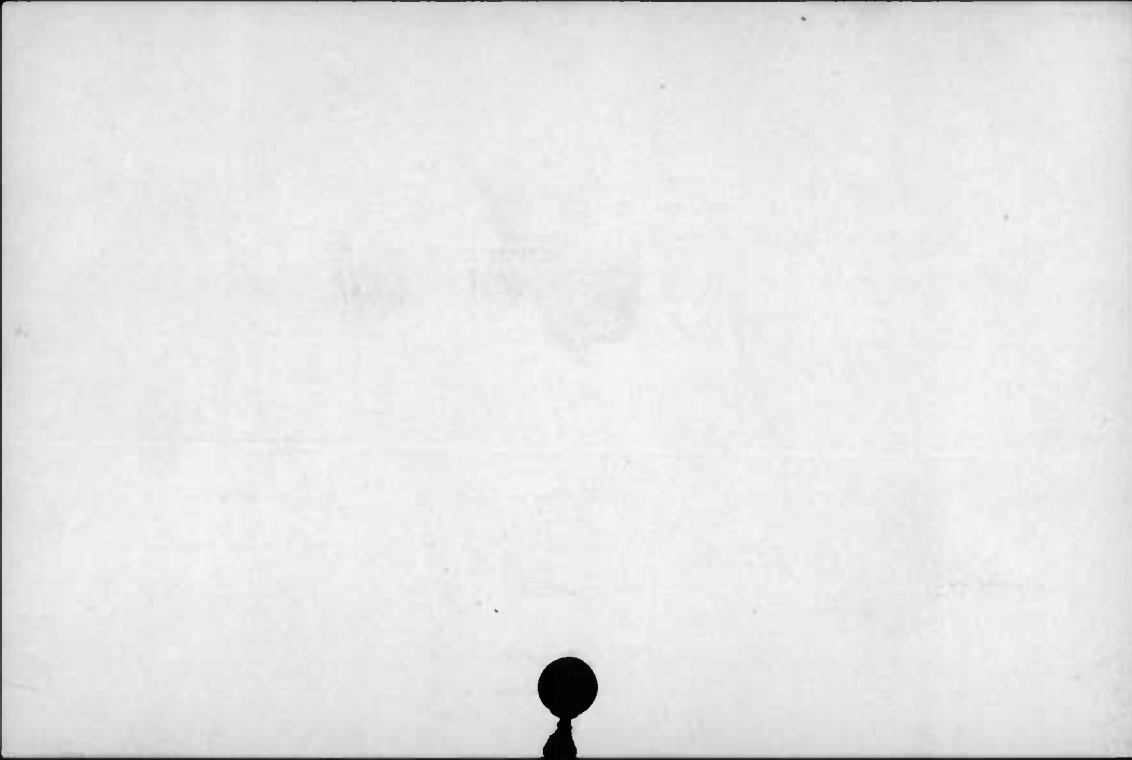
Died at <i>Catonsville</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	1908	Month	3	Day	7
Age	38	Months	4	Days	22
Sex	Male	Color or Race	White	Birth-place	Maryland
Occupation	<i>Attendant Spring Grove</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband <i>Cora Taylor</i>		
Father's Name	<i>A. P. Disharoon</i>		Father's Birthplace	<i>Maryland</i>	
Mother's Maiden Name	<i>Emily Dove</i>		Mother's Birthplace	<i>Maryland</i>	
Name of person giving information	<i>Cora Disharoon</i>		How related to deceased	<i>Wife</i>	

CAUSES OF DEATH

164

Primary	<i>By fall down a flight of stairs</i>		How long	<i>2 days</i>
	<i>Fracture Base of Skull</i>		How long	<i>24 hours -</i>
Immediate	<i>Pressure from haemorrhage</i>			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Henry B. Whiteley</i>		
<i>Yes</i>		Address <i>Coroner</i>		
Accident or Suicide?		<i>Accident -</i>		
		<i>Catonsville, Md.</i>		

Physician
or CORONER



Name in Full <i>John Dobrousky</i>		CERTIFICATE OF DEATH	
Died at <i>Grange Post Office</i>		County <i>Baltimore</i>	
Date of death <i>1908 March 18th</i>		Age <i>15</i>	
Sex <i>Male</i>		Color or Race <i>White</i>	
Occupation <i>Laborer</i>		Birth-place <i>Balt. City</i>	
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>Frank Dobrousky</i>	
Father's Name <i>Frank Dobrousky</i>		Father's Birthplace <i>Germany</i>	
Mother's Maiden Name <i>Teresia Spruner</i>		Mother's Birthplace <i>Austria</i>	
Name of person giving information <i>Teresia Dobrousky</i>		How related to deceased <i>Mother</i>	
CAUSES OF DEATH			
Primary <i>Pneumonia</i>		How long <i>10 days</i>	
Immediate <i>Pneumonia</i>		How long <i>10 days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Sam A. Thompson</i>	
		Address <i>500 Highland Ave Baltimore Co Md</i>	
Accident or Suicide? <i>No</i>			

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

93

Louis Heerman —

32 S. Broadway

Old Methodist

Cemetery —

North joint road.

March 20/1908.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Leutonsville* ^{Town}*Porter* ^{County}Date of death *1908 March**3* ^{Day}Age *73* ^{Years}

Months

Days

Sex *Female*Color or
Race*white*Birth-
place*Maryland*

Occupation

*None*Where Residing if not
at place of death*X*Married, Single
or Widowed*Married*Name of Wife or
Husband*unk*Father's
Name*unk*Father's
Birthplace*unk*Mother's
Maiden Name*unk*Mother's
Birthplace*unk*Name of person giving
In formation*✓*How related
to deceased*✓*

CAUSES OF DEATH

92

Primary

Senile Dementia

How long

4 yrs

Immediate

Pneumo - Pneumonia

How long

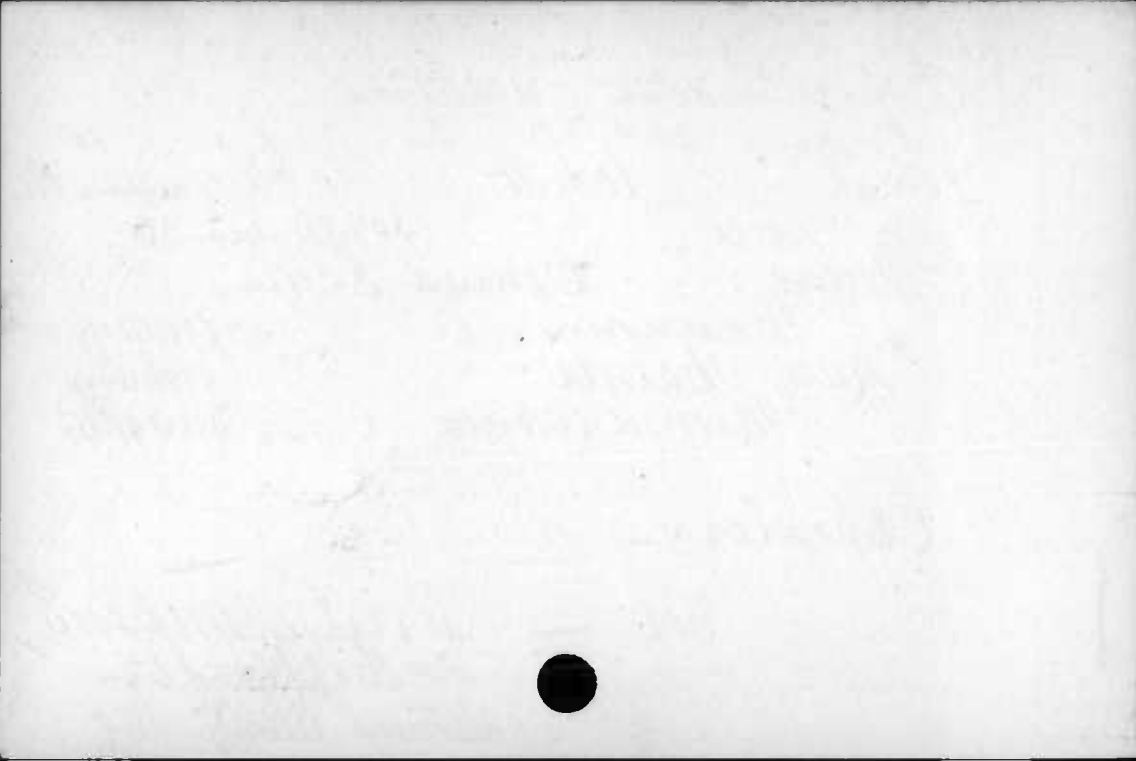
*2 days*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician

Address

*Percy Miller**Leutonsville, Md*

Accident or Suicide?

*No*PHYSICIAN
OR CORONER



Name
in
Full

Mary Ecker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highlandtown</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death <i>1908</i> ^{Year} <i>Mar</i> ^{Month} <i>24</i> ^{Day}		<i>52</i> ^{Years}		<i>6</i> ^{Months}	<i>10</i> ^{Days}
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Philadelphia Penn</i>	
Occupation <i>None</i>		Where Residing if not at place of death <i>304 Bouldin St</i>			
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Conrad Ecker</i>			
Father's Name <i>Unknown</i>		Father's Birthplace <i>Germany</i>			
Mother's Maiden Name <i>Mary Horner</i>		Mother's Birthplace <i>Germany</i>			
Name of person giving information <i>Mimmie Wooden</i>		How related to deceased <i>Daughter</i>			

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary <i>Apoplexy</i>	How long <i>—</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>David Thompson</i>
	Address <i>1600 Highlandtown</i>
	<i>Baltimore County Md</i>
Accident or Suicide?	

Trinity Cemetery
Mar. 27. 1908
Kander Son.

Name
in
Full

Leonard Ellis.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cella</i> Town		<i>Balto Co</i> County		MARYLAND	
Date of death <i>1908</i>	Month <i>March</i>	Day <i>4</i>	Age <i>91</i>	Months <i>no</i>	Days <i>no</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Germany.</i>		
Occupation <i>Carpenter</i>	Where Residing if not at place of death <i>Cella</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Mary C. Ellis</i>				
Father's Name <i>Don't know</i>	Father's Birthplace <i>Germany</i>				
Mother's Maiden Name <i>Don't know</i>	Mother's Birthplace <i>Germany.</i>				
Name of person giving information <i>Elizabeth H. Thompson</i>	How related to deceased <i>Daughter</i>				

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary <i>Infirmity of age</i>	How long <i>8 weeks</i>
Immediate <i>debility</i>	How long <i>4 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. H. Borring M.D.</i>
	Address <i>Ellicott City</i>
Accident or Suicide? <i>no</i>	

Easton Sons.

Name
in
Full

Francis H Entor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

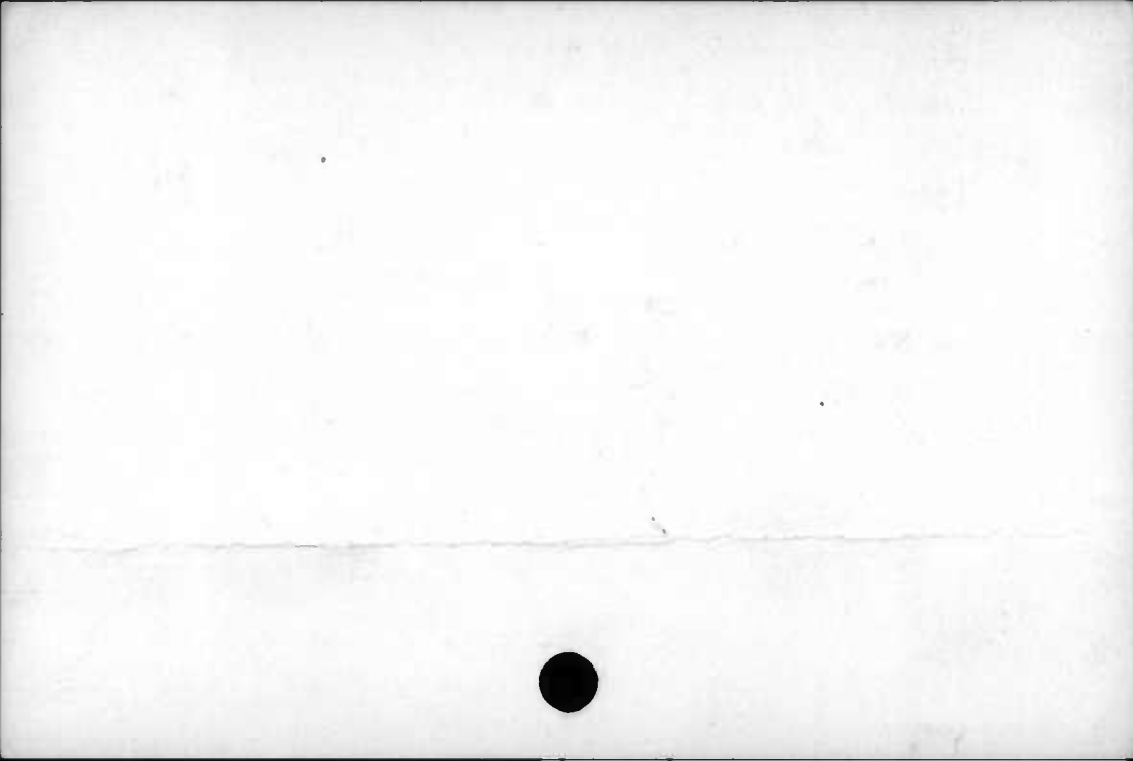
Died at		Town <i>Philopolis</i>		County <i>Balto</i>		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
<i>1908</i>		<i>8</i>	<i>31st</i>	<i>54</i>	<i>54</i>		
Sex		Color or Race		Birth-place			
<i>Female</i>		<i>White</i>		<i>Preecville</i>			
Occupation		Where Residing if not at place of death					
<i>Housewife</i>		<i>Philopolis</i>					
Married, Single or Widowed		Name of Wife or Husband					
<i>Single</i>		<i>Geo H. Entor</i>					
Father's Name		Father's Birthplace					
<i>Samuel Price</i>		<i>Balto Co</i>					
Mother's Maiden Name		Mother's Birthplace					
<i>Sarah Entor</i>		<i>.. ..</i>					
Name of person giving information		How related to deceased					
<i>Geo H. Entor</i>		<i>Husband</i>					

CAUSES OF DEATH

43

PHYSICIAN
OR CORONER

Primary	<i>Carcinoma of breast</i>	How long	<i>3 years</i>
Immediate	<i>General exhaustion</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		<i>W. H. Therman M.D.</i>	
		Address	
		<i>Shirley</i>	
		<i>Mid</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Lawrence Eusear</i>		Town <i>Freeland</i>		County <i>Baltimore</i>		MARYLAND	
Died at <i>Freeland</i>		Month <i>Mar</i>		Day <i>17</i>		Years <i>9</i>	
Date of death <i>1908</i>		Month's <i>11</i>		Days <i>19</i>			
Sex <i>Male</i>		Color or Race		Birth-place <i>Md</i>			
Occupation <i>None</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Herbert C. Eusear</i>		Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Nellie Hoschall</i>		Mother's Birthplace					
Name of person giving information <i>H. C. Eusear</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

47

PHYSICIAN
OR CORONER

Primary <i>Acute Inflammatory Rheumatism</i>		How long <i>About 6 weeks.</i>	
Immediate <i>Paralysis of Heart.</i>		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>		Signature of Physician <i>Jas. L. Yagle.</i>	
		Address <i>New Freedom, Pa.</i>	
Accident or Suicide? <i>-</i>			

Name
in
Full

Nathan Ensor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

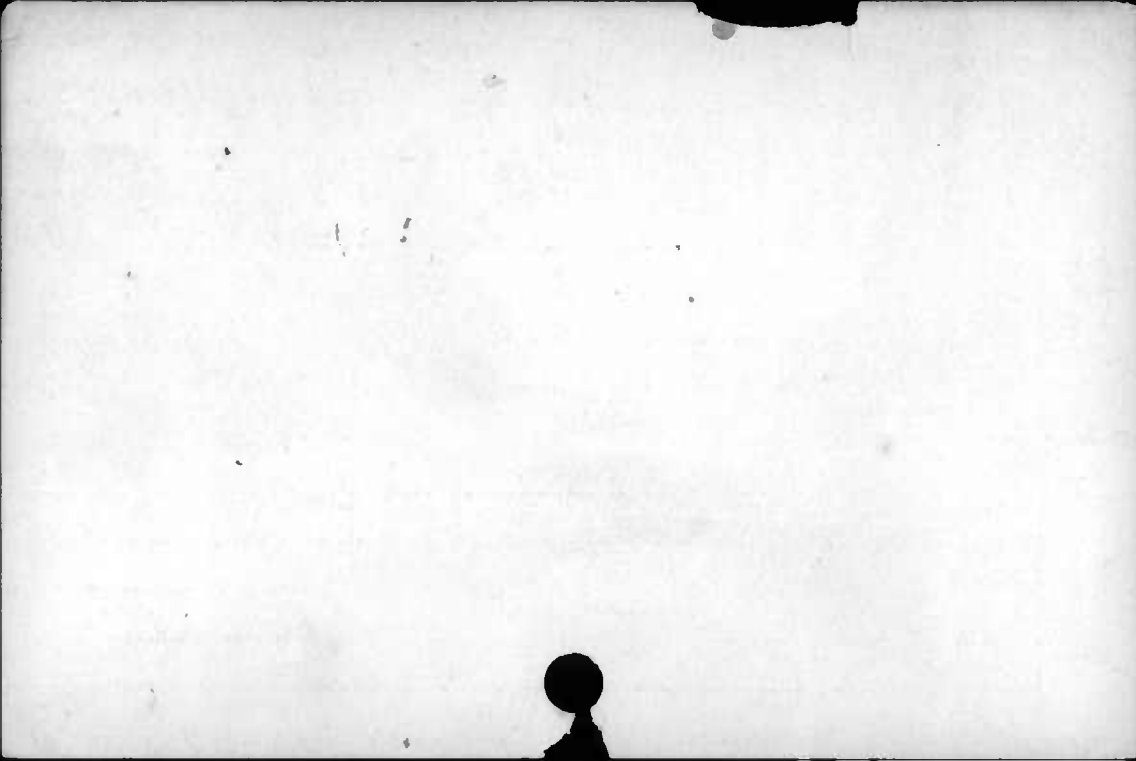
Died at		Town Hartford		County Baltimore		MARYLAND	
Date of death 1908		Month Mar	Day 19	Age 8.2	Years 9	Months 12	Days 12
Sex male		Color or Race white		Birth- place Balto. Co.			
Married, Single or Widowed married		Occupation Shoemaker					
Name of Wife or Husband Sarah C. Ensor							
Father's Name George Ensor				Father's Birthplace Balto Co.			
Mother's Maiden Name Sarah Griffith				Mother's Birthplace Balto Co.			
Name of person giving In formation Frances Kelly				How related to deceased Daughter			

CAUSES OF DEATH

90

PHYSICIAN
OR CORONER

Primary	Acute Proctitis & Indigestion	How long	Four days
Immediate	Heart Failure	How long	Suddenly
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		A. B. Mitchell	
Address		Moukhou Md.	
Accident or Suicide?			



Name in Full		Marry Francisco Fairbanks				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town <i>Baltimore</i>		County <i>Baltimore</i>		MARYLAND	
	Date of death	1908	Month <i>March</i>	Day <i>12</i>	Age <i>1</i>	Months <i>6</i>	Days <i>1</i>
	Sex	<i>Female</i>		Color or Race	<i>White</i>		
	Occupation	<i>Infant</i>		Where Residing if not at place of death			
	Married, Single or Widowed			Name of Wife or Husband <i>506 Arlington Ave. Hyattsville</i>			
	Father's Name	<i>John F. Fairbanks</i>				Father's Birthplace <i>Ohio</i>	
	Mother's Maiden Name	<i>Catharine C. Tolson</i>				Mother's Birthplace <i>Baltimore</i>	
Name of person giving information	<i>Harry Fairbanks Uncle</i>				How related to deceased <i>Uncle</i>		
<div style="text-align: center;">CAUSES OF DEATH <input checked="" type="checkbox"/> 92</div>							
PHYSICIAN OR CORONER	Primary	<i>Catastrophic Pneumonia</i>				How long <i>10 days</i>	
	Immediate					How long	
	Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>				Signature of Physician <i>J. C. Mortimer M.D.</i>	
	Accident or Suicide?					Address <i>638 N. Hilmer St. Baltimore Md.</i>	

C. A. Weidfeld &
2113 Greenwood Ave
New Cathedral Cemetery

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

My Mary Flynn

Died at *Highlandtown* Town *Balts. Co.* County

MARYLAND

Date of death *1908* Month *March* Day *11* Age *48* Years Months *—* Days *—*

Sex *Female* Color or Race *white* Birth-place *Ireland*

Occupation *Housework* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *James E. Flynn*

Father's Name *William Gateley* Father's Birthplace *Ireland*

Mother's Maiden Name *Margaret Gateley* Mother's Birthplace *Ireland*

Name of person giving information *James E. Flynn* How related to deceased *Husband*

CAUSES OF DEATH

42

PHYSICIAN
OR CORONER

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

How long

How long

Holy Cross Cemetery

F. A. Krause & Bro
Undertakers.

March 14/08—

Name
in
Full

CERTIFICATE OF DEATH

Henry Frank

TO BE ANSWERED BY
NEAREST FRIEND

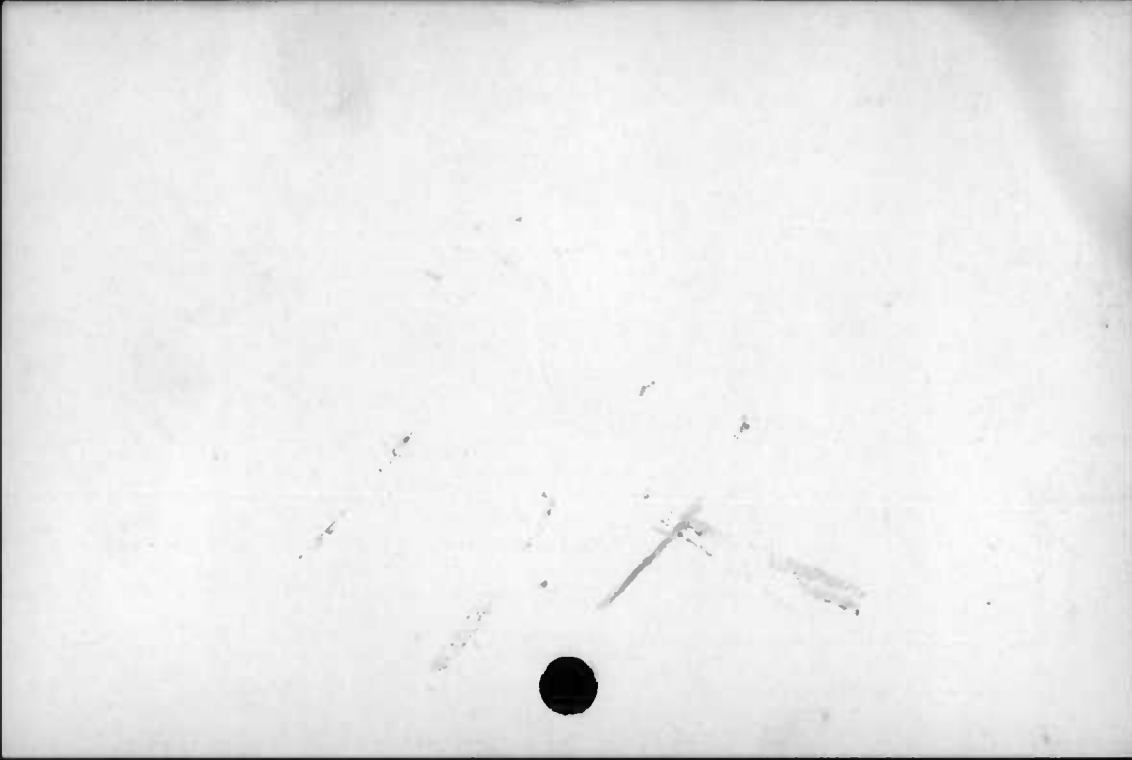
Died at <i>Waldenshire</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death	<i>1908</i>	Month <i>March</i>	Day <i>14</i>	Age <i>81</i> Years	Months <i>21</i> Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>Miller</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband <i>Unknown</i>			
Father's Name <i>Unknown</i>			Father's Birthplace		
Mother's Maiden Name <i>Unknown</i>			Mother's Birthplace		
Name of person giving information <i>A. W. M. M. M.</i>			How related to deceased <i>Son-in-law</i>		

CAUSES OF DEATH

(82)

PHYSICIAN
OR CORONER

Primary <i>Embolism</i>	How long <i>5 days</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>H. M. M. M.</i>
	Address <i>Paistertown, Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

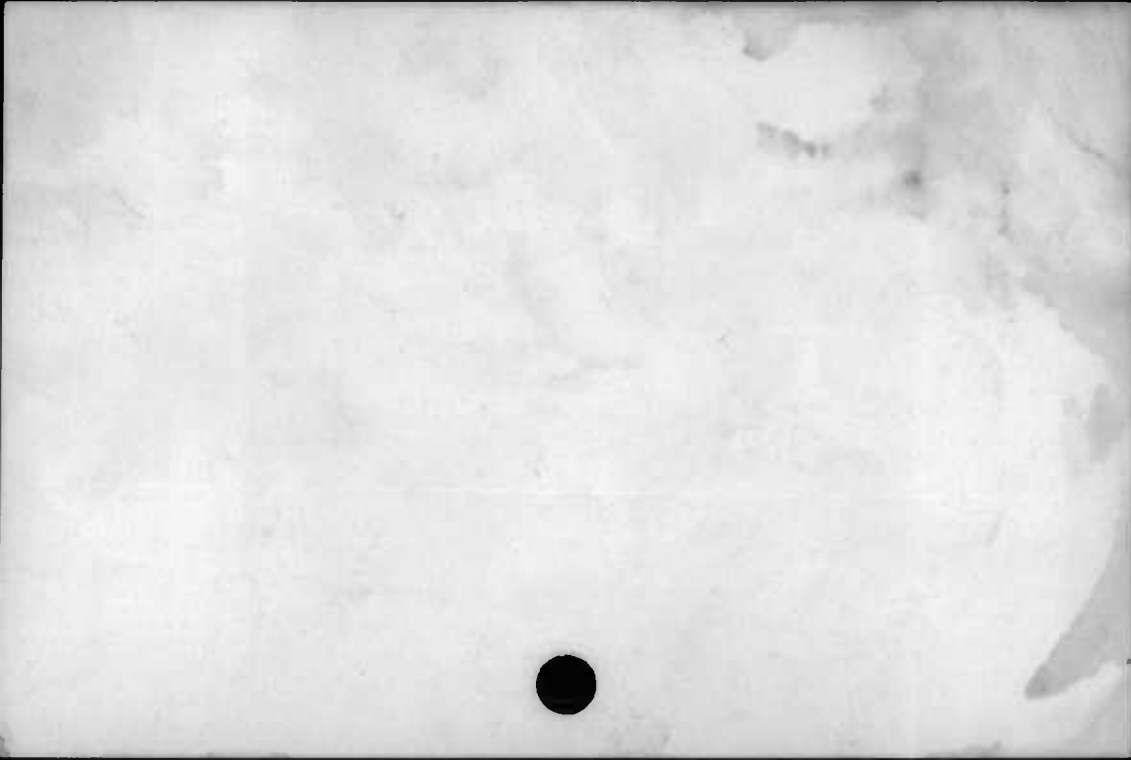
Died at <i>Realyn</i> Town <i>W. Arago</i> County		MAYLAND	
Date of death	Month <i>March</i> Day <i>22</i> Year <i>1908</i>	Age <i>73</i>	Months <i>11</i> Days <i>18</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Maryland</i>	
Occupation <i>Car driver</i>	Where Residing if not at place of death <i>Realyn</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Pauline O. Hoagies</i>		
Father's Name <i>Joseph Hoagies</i>	Father's Birthplace <i>Not Known</i>		
Mother's Maiden Name <i>Elizabeth Talbot</i>	Mother's Birthplace <i>Not Known</i>		
Name of person giving information <i>Mrs. Ida L. Brill</i>	How related to deceased <i>Daughter</i>		

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary <i>Arteriosclerosis</i>	How long <i>2 years</i>
Immediate <i>Hypertension</i>	How long <i>Several</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. J. Buppert</i>
	Address <i>Realyn</i>
Accident or Suicide? <i>No</i>	<i>Pauline O. Hoagies</i>



Name is Full		Elnor Fugate + Florence E. Fugate				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Gardenville		County Baltimore		State MARYLAND
	Date of death		Month 1908 Mar.	Day 22.	Age —	Years Still Born	Months —
	Sex Female		Color or Race White		Birth-place Gardenville		
	Occupation —		Where Residing if not at place of death —				
	Married, Single or Widowed —		Name of Wife or Husband —				
PHYSICIAN OR CORONER	Father's Name Elnor Fugate				Father's Birthplace Md		
	Mother's Maiden Name Florence E. Burgan				Mother's Birthplace Baltimore Md		
	Name of person giving information —				How related to deceased —		
	CAUSES OF DEATH						
	Primary Prolapsed cord				How long —		
Immediate Asphyxia				How long —			
Are the name, age, sex, color, date and place correctly given above? Yes				Signature of Physician Wm F. Clayton M.D.			
				Address Gardenville Md			
Accident or Suicide? —							

Christian Miller
2334 Jefferson St

Jerusalem Cemetery
March 20/99

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

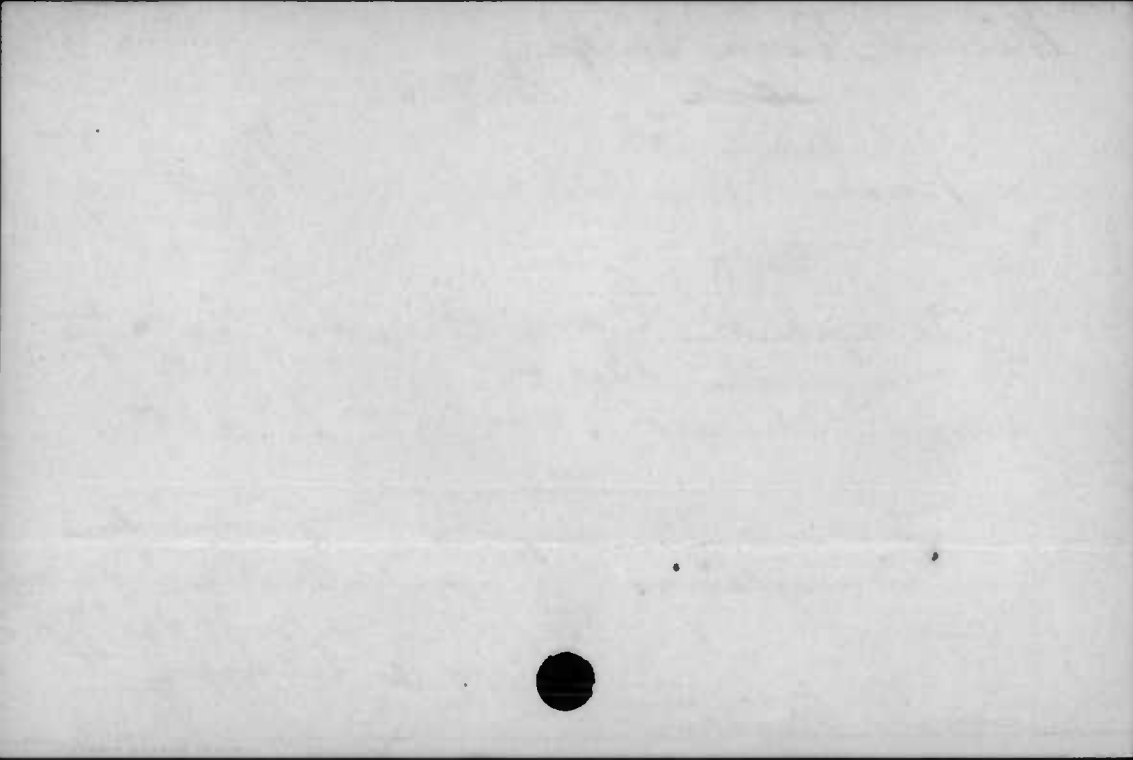
Died at <i>Philadelpia</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death <i>1908</i>	Month <i>3</i>	Day <i>25</i>	Age <i>23</i>	Years	Months <i>1</i>	Days <i>13</i>	
Sex <i>male</i>	Color or Race <i>Colored</i>		Birth-place <i>Balto. Co.</i>				
Occupation <i>Farm Labourer</i>	Where Residing if not at place of death <i>Philadelpia</i>						
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband						
Father's Name <i>John H. Gardner</i>	Father's Birthplace <i>Ind.</i>						
Mother's Maiden Name <i>Erietta Johnson</i>	Mother's Birthplace <i>Ind.</i>						
Name of person giving information <i>John H. Gardner</i>	How related to deceased <i>Father</i>						

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>8 months</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>Wilmer C. Eason</i>
	Address <i>Cockeysville Ind.</i>
Accident or Suicide? <i></i>	



Name
in
Full

Mildred Teresa Garity

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

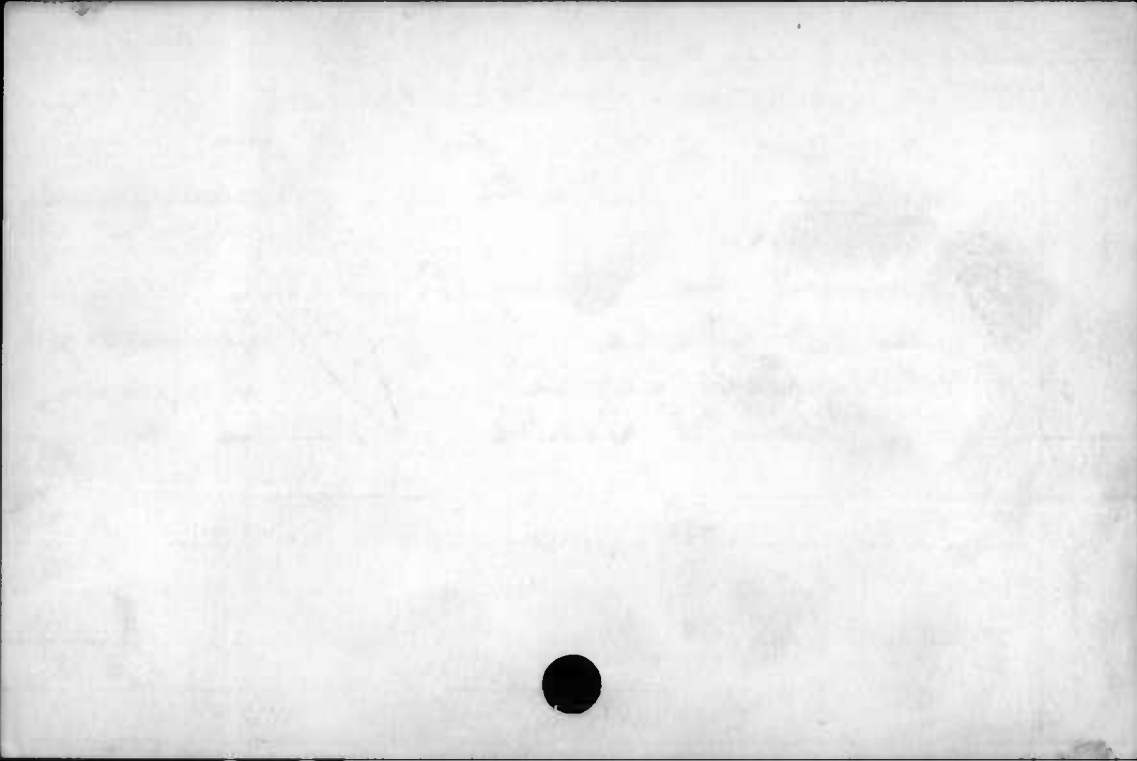
Died at		Town Rockdale		County Baltimore		MARYLAND	
Date of death		190	Month 8	Day 3	Years	Months 7	Days 5
Sex Female		Color or Race White		Birth- place Baltimore City			
Occupation None				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Edward J. Garity				Father's Birthplace Baltimore City	
Mother's Maiden Name		Catherine Beuth				Mother's Birthplace Baltimore City	
Name of person giving information		Edward J. Garity				How related to deceased Father	

CAUSES OF DEATH

28

PHYSICIAN
OR CORONER

Primary	Tubercular Meningitis	How long	2 weeks
Immediate	Convulsions	How long	Exhaustion Grouching about a week
Are the name, age, sex, color, date and place correctly given above?		Y Y	
Signature of Physician		L. B. Keyser, M.D.	
Address		509 N. Charles St.	
Accident or Suicide?		Neither	



Name
in
Full

Edward A. Gerke

CERTIFICATE OF DEATH

Died at near Woodlawn

Town

Baltimore

County

MARYLAND

Date

of death 1908

Month

Mar.

Day

27

Age

Years

41

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Pennsylvania

Occupation

Farmer

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Mary E. Gerke

Father's
Name

August Gerke

Father's
Birthplace

Germany

Mother's
Maiden Name

Minnie Gerke

Mother's
Birthplace

Germany

Name of person giving
Information

Mary E. Gerke

How related
to deceased

Wife

CAUSES OF DEATH

27

Primary

Pulmonary Consumption about 2 yrs

How long

Immediate

General Asthma

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

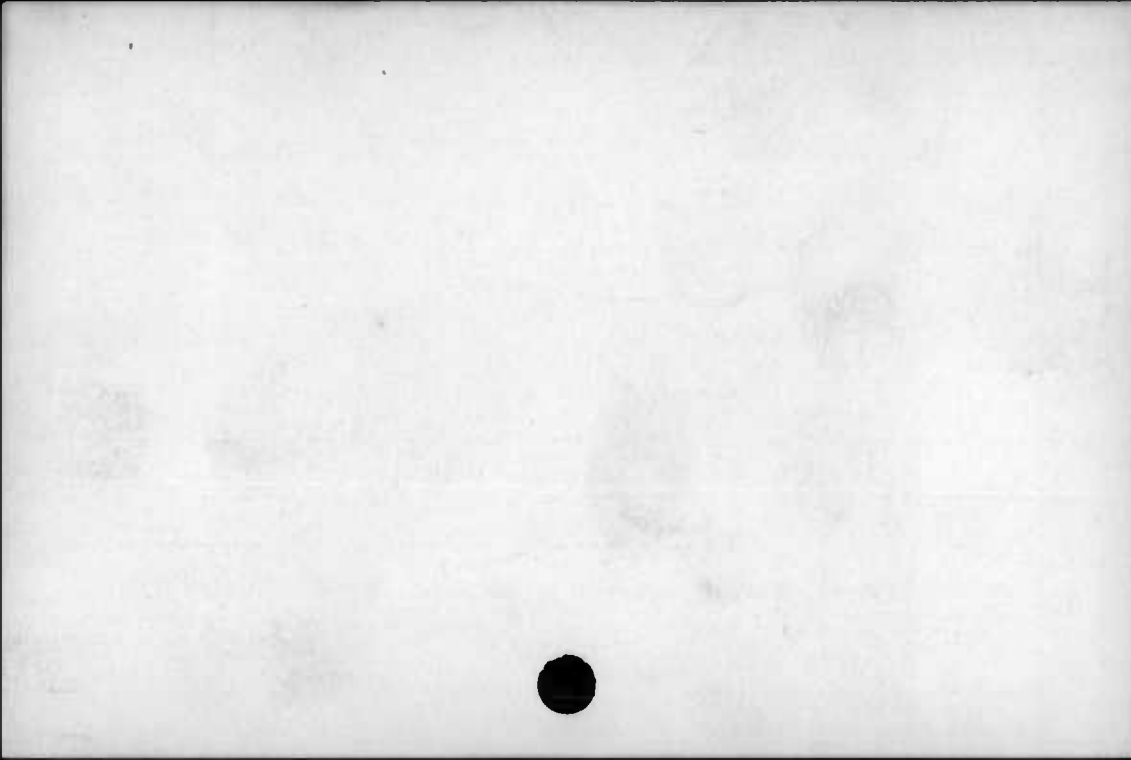
Signature of
Physician

Address

D. H. Stultz M.D.,
Catonsville,
Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Temperance Gore

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
		Garrison		Baltimore			
Date		Month	Day	Years	Months	Days	
of death		1908	March	First	Age	99	10 / 1
Sex	Female		Color or Race	White		Birth-place	Baltimore County
Occupation	asst Housekeeper (retired)			Where Residing if not at place of death		Garrison	
Married, Single or Widowed	Widow		Name of Wife or Husband		Benjamin U. Gore		
Father's Name	Nicholas Inzor				Father's Birthplace	England	
Mother's Maiden Name	Mary Brooke				Mother's Birthplace	Balt. County	
Name of person giving information	Bettie Gore Bell				How related to deceased	Daughter	

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary	Infirmities of old age		How long	about 60 years
Immediate	Heart failure		How long	about 24 hours
Are the name, age, sex, color, etc. and place correctly given above?		Signature of Physician		
		W. H. Campbell		
		Address		
		Glenridge Hills, Md		
Accident or Suicide?				



Name
in
Full

Mr. Thomas Graley

CERTIFICATE OF DEATH

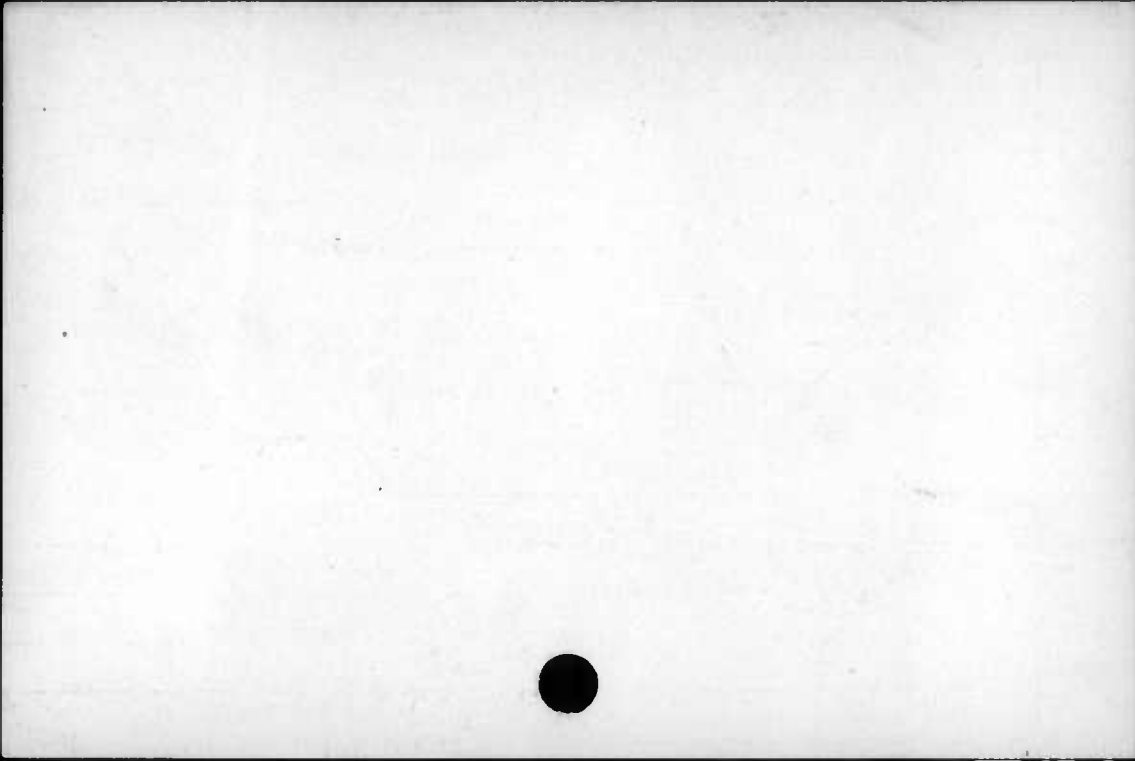
Died at		Town		County		MARYLAND					
Date of death		Month		Day		Years		Months		Days	
1908		March		13		Age		71			
Sex		male		Color or Race		White		Birth-place		Ireland	
Occupation		Laborer		Where Residing if not at place of death		Gardenville					
Married, Single or Widowed		Widowed		Name of Wife or Husband		Margaret Graley					
Father's Name		Unknown		Father's Birthplace		Ireland					
Mother's Maiden Name		Unknown		Mother's Birthplace		"					
Name of person giving information		Henry Rush		How related to deceased		Son-in-law					

CAUSES OF DEATH

154

PHYSICIAN OR CORONER	Primary	Senile decay	How long	
	Immediate	Exhaustion	How long	
	Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician
	Accident or Suicide?			Address

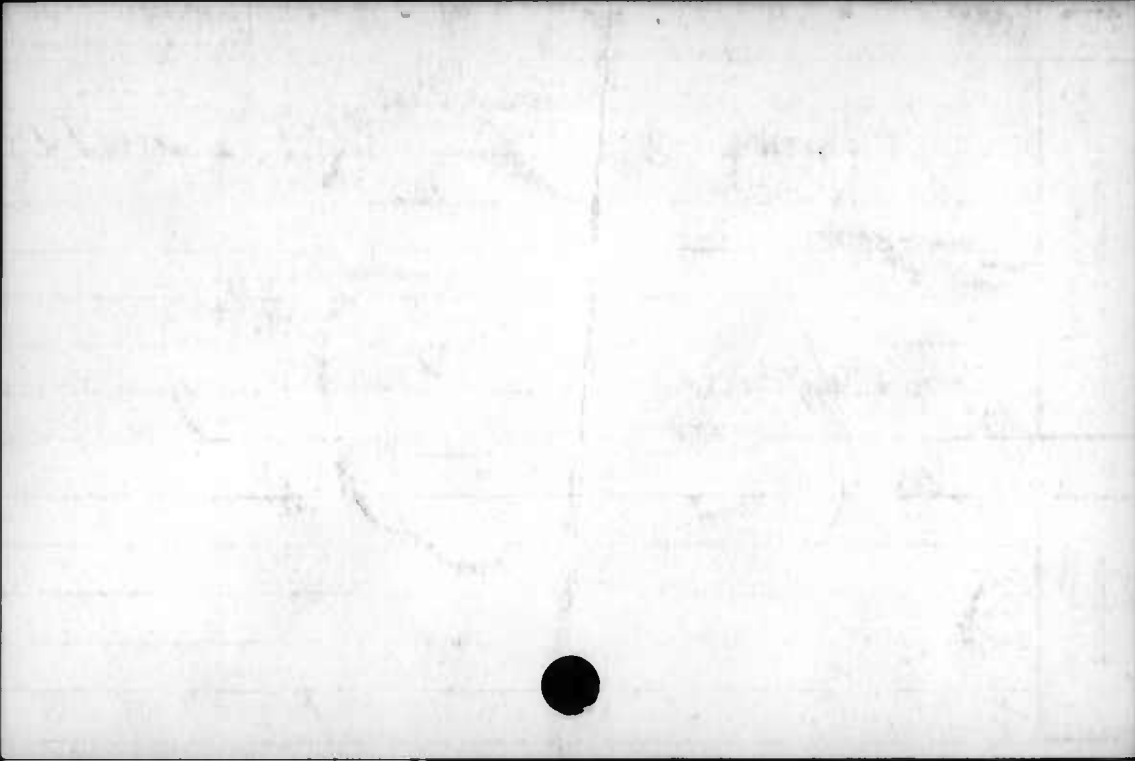
Thos. D. Coors
Gardenville, Md



Name in Full Julia M. Greeley		CERTIFICATE OF DEATH	
Died at Sparrows Point <small>Town</small> Balto <small>County</small>		MARYLAND	
Date of death 1908 <small>Month</small> March <small>Day</small> 3 <small>Years</small>	Age 2 weeks <small>Months</small> 2 <small>Days</small>		
Sex Female	Color or Race White	Birth-place Sparrows Point	
Occupation _____	Where Residing if not at place of death _____		
Married; Single or Widowed Single	Name of Wife or Husband _____		
Father's Name Daniel Greeley	Father's Birthplace Balto		
Mother's Maiden Name Catherine Kelly	Mother's Birthplace Balto		
Name of person giving information Daniel Greeley	How related to deceased Father		
CAUSES OF DEATH			
Primary Premature Birth	How long 151		
Immediate Infection	How long 2 weeks		
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician J. Woodward, M.D.		
	Address Sparrows Point Md.		
Accident or Suicide?			

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Name *Clara Green* Town *Roland Park* County *Baltimore Co*

Died at *Roland Park* Baltimore Co

Date of death *1908* Month *march* Day *4* Age *73* Years Months Days

Sex *Female* Color or Race *white* Birth-place *Baltimore Md*

Occupation *Housewife* Where Residing if not at place of death *326 Van Chaple Rd*

Married, Single or Widowed *widowed* Name of Wife or Husband *John Le Roy Green*

Father's Name *Thomas McKnight* Father's Birthplace *New York*

Mother's Maiden Name *Susan Ann Cole* Mother's Birthplace *Baltimore Md*

Name of person giving information *Mary C Delcher* How related to deceased *Cousin*

CAUSES OF DEATH

177

Primary *Old age.* How long

Immediate *Ascites & Anasarca* How long *5 months.*

Are the name, age, sex, color, date and place correctly given above? *Yes.*

Signature of Physician *H. Austin Delcher*

Address *2800 E. Hoffman St. Balto. Md*

Accident or Suicide?

March 6, 1908

Greenmount Cemetery

Wm Cook

502 E North Ave

Name
in
Full

Martha Louisa Giuntensberger

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highlandtown</i>		Town <i>Highlandtown</i>		County <i>Balto</i>		MARYLAND	
Date of death <i>1908</i>		Month <i>March</i>		Day <i>24th</i>		Age <i>11</i> Years <i>27</i> Months <i>27</i> Days	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Balto Co.</i>			
Occupation <i>none</i>				Where Residing if not at place of death <i>none</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>none</i>					
Father's Name <i>Albert Giuntensberger</i>				Father's Birthplace <i>Switzerland</i>			
Mother's Maiden Name <i>Sophia Riegger</i>				Mother's Birthplace <i>Germany</i>			
Name of person giving information <i>Albert Giuntensberger</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

28

PHYSICIAN
OR CORONER

Primary <i>Meningitis tuberculosa</i>		How long <i>3 weeks</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes,</i>		Signature of Physician <i>Dr. A. H. A. Mayer</i>	
		Address <i>1618 Madison Ave.</i>	
Accident or Suicide?			

Sacred Heart Cemetery

Mich. 26th 1908

Germanus France
Undertaker

Name
in
Full

Henry Guttentberg

CERTIFICATE OF DEATH

Died at ^{Town} Highlandtown ^{County} Baltimore.

MARYLAND

Date of death 1908 ^{Month} 3 ^{Day} 27 ^{Years} Age ^{Months} 8 ^{Days}Sex ^{Male} ~~Female~~ Color or Race ^{White} Birth-place ^{Highlandtown}Occupation ^{Where Residing if not at place of death}

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Father's Birthplace

Germany.

Mother's Maiden Name

Mother's Birthplace

Md.

Name of person giving information

Henry Guttentberg

How related to deceased

Father.

CAUSES OF DEATH

Primary

Still born

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

Address

J.C. Schopfel
1400 Fruit St.

Accident or Suicide?

No.

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Germanus France,

Sacred 4 heads
Cemetery.

March 27/05,

Name in Full		Mary Louisa Hamel				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Highlandtown</i> <small>Town</small>		<i>Baltimore</i> <small>County</small>		MARYLAND		
	Date of death <i>1908</i> <small>Month</small> <i>Feb</i> <small>Day</small> <i>22</i>		Age <i>78</i> <small>Years</small>		<i>—</i> <small>Months</small>		<i>—</i> <small>Days</small>
	Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Germany</i>		
	Occupation <i>Housework</i>		Where Residing if not at place of death <i>—</i>				
	Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Dr Ernest H. Hamel</i>				
	Father's Name <i>Henry Brockschmitt</i>		Father's Birthplace <i>Germany</i>				
	Mother's Maiden Name <i>don't know</i>		Mother's Birthplace <i>Germany</i>				
Name of person giving information <i>Louisa E. Morgan</i>		How related to deceased <i>daughter</i>					
<div>CAUSES OF DEATH</div> <div>154</div>							
PHYSICIAN OR CORONER	Primary <i>Senility</i>		How long <i>1 mo-</i>				
	Immediate <i>Exhaustion</i>		How long <i>2 days</i>				
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. E. Blodder</i>				
			Address <i>143 26 B'way</i>				
	Accident or Suicide? <i>No</i>						

Holy Redeemer Cemetery

March 25th 1908

Germanus Frank

Undertaker

Name
in
Full

John W. Harris Jr.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highlandtown</i> Town		<i>Balto.</i> County		MARYLAND	
Date of death	<i>1908</i> Month	<i>13</i> Day	Age	<i>1</i> Years	<i>1</i> Months <i>21</i> Days
Sex	<i>Male</i>		Color or Race	<i>White</i>	
Occupation	<i>None</i>		Birth-place	<i>Balto Co.</i>	
Where Residing If not at place of death					
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband		
Father's Name	<i>John W. Harris</i>			Father's Birthplace	<i>Pittsburg Pa.</i>
Mother's Maiden Name	<i>Mary E. Morgan</i>			Mother's Birthplace	<i>Balto Md.</i>
Name of person giving information	<i>John W. Harris</i>			How related to deceased	<i>Father.</i>

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary	<i>Bronch. Pneumonia</i>		How long	<i>8 days</i>
Immediate	<i>Exhaustion</i>		How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician	<i>G. C. B. Lader</i>
			Address	<i>14376 B'may</i>
Accident or Suicide?				

Mount Carmel Cemetery
Mch. 16 th 1908

Germanus France
Undertaker

Name
in
Full

Margaret L. Hawkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

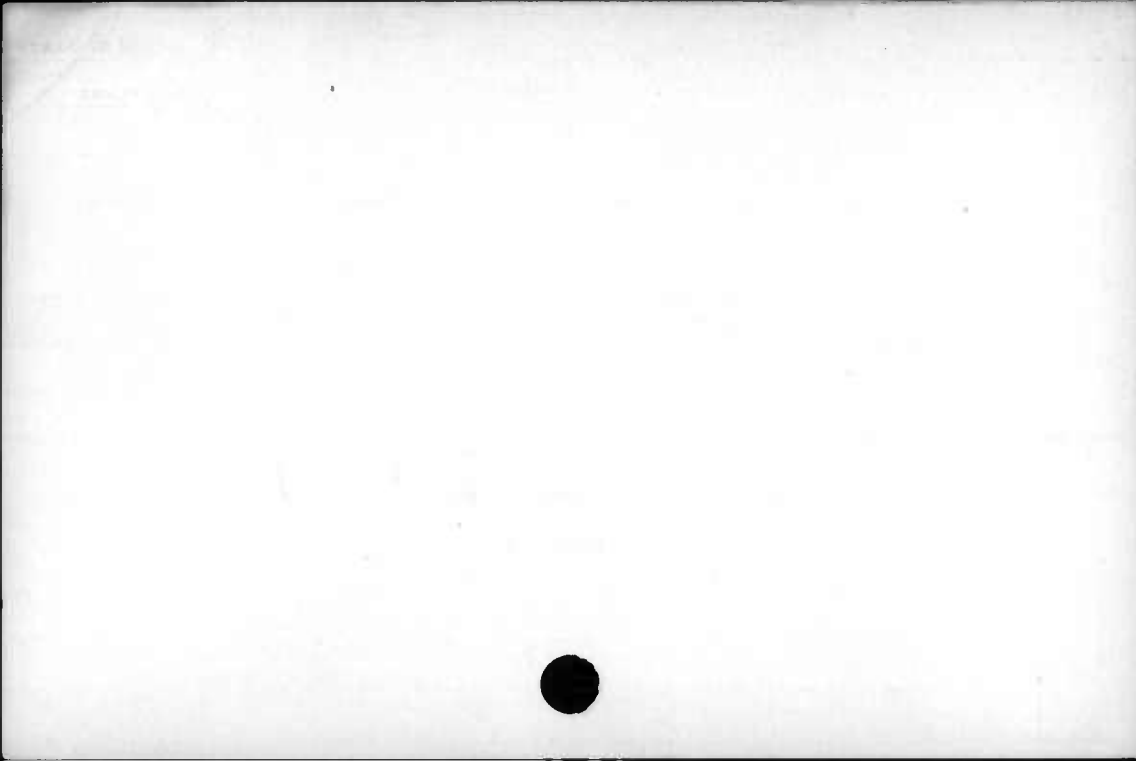
Died at ^{City} <i>Middle River</i> ^{County} <i>Baltimore</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>2nd</i>	Day <i>20</i>	Age <i>59</i> Years Months <i>11</i> Days <i>25</i>
Sex <i>Female</i>	Color or Race <i>white</i>	Birth-place <i>md</i>	
Occupation <i>Stn</i>	Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Edw W Hawkins</i>		
Father's Name <i>Henry Mohr</i>	Father's Birthplace <i>md</i>		
Mother's Maiden Name <i>Katherine Magnusson</i>	Mother's Birthplace <i>md</i>		
Name of person giving information <i>Edw W Hawkins</i>	How related to deceased <i>Husband</i>		

CAUSES OF DEATH

97

PHYSICIAN
OR CORONER

Primary <i>Aschemia</i>	How long <i>1 yr</i>
Immediate <i>Heart failure</i>	How long <i>few minutes</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Edw W Hawkins</i>
	Address <i>Middle River Md</i>
Accident or Suicide? <i>md</i>	



Name
in
FullChristmas *Hearlie*

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Winnell</i> ^{Town} <i>Park</i> ^{County} <i>Balls</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>3</i>	Day <i>23</i>	Age <i>6</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Ind</i>	
Occupation <i>none</i>	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name <i>Bruce Hearlie</i>	Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Delia Frederick</i>	Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>Chris Morris</i>	How related to deceased <i>Uncle</i>		

She was malformed —
 missing an arm.

CAUSES OF DEATH

150

PHYSICIAN
OR CORONER

Primary <i>ephorisation feces passed through</i>	How long <i>3 days</i>
Immediate <i>vagina. Pined away and died.</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>T. S. Ball</i>
<i>(Imperforate rectum.)</i>	Address <i>1111 W. Morris</i>
Accident or Suicide?	

H. Sandu Son
Wednesday
Trinity Center

Name
In
Full

Still Born

Hansen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Canton</u> Town		<u>Dalto</u> County		MARYLAND	
Date of death <u>1908</u>	Month <u>3</u>	Day <u>25</u>	Age <u>—</u> Years	Months <u>—</u>	Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Gomer 17 St</u>		
Occupation <u>—</u>			Where Residing if not at place of death <u>Gomer + 17 St</u>		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Frederick Hansen</u>			Father's Birthplace <u>Ind</u>		
Mother's Maiden Name <u>Augusta Bohle</u>			Mother's Birthplace <u>Ind</u>		
Name of person giving information <u>Frederick Hansen</u>			How related to deceased <u>Son</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Dead in utero</u>	How long <u>24 hours</u>
Immediate <u>Exhaustion acute Bright's</u>	How long <u>24 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Geo. L. Gray M.D.</u>
	Address <u>3 + Gough</u>
Accident or Suicide? <u>No</u>	<u>Highlandtown Ind</u>

H. D. Hughes

Bohman Cemetery

Mt. Carmel Road.

March 25/08.

Name
in
Full

Edward Hill

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

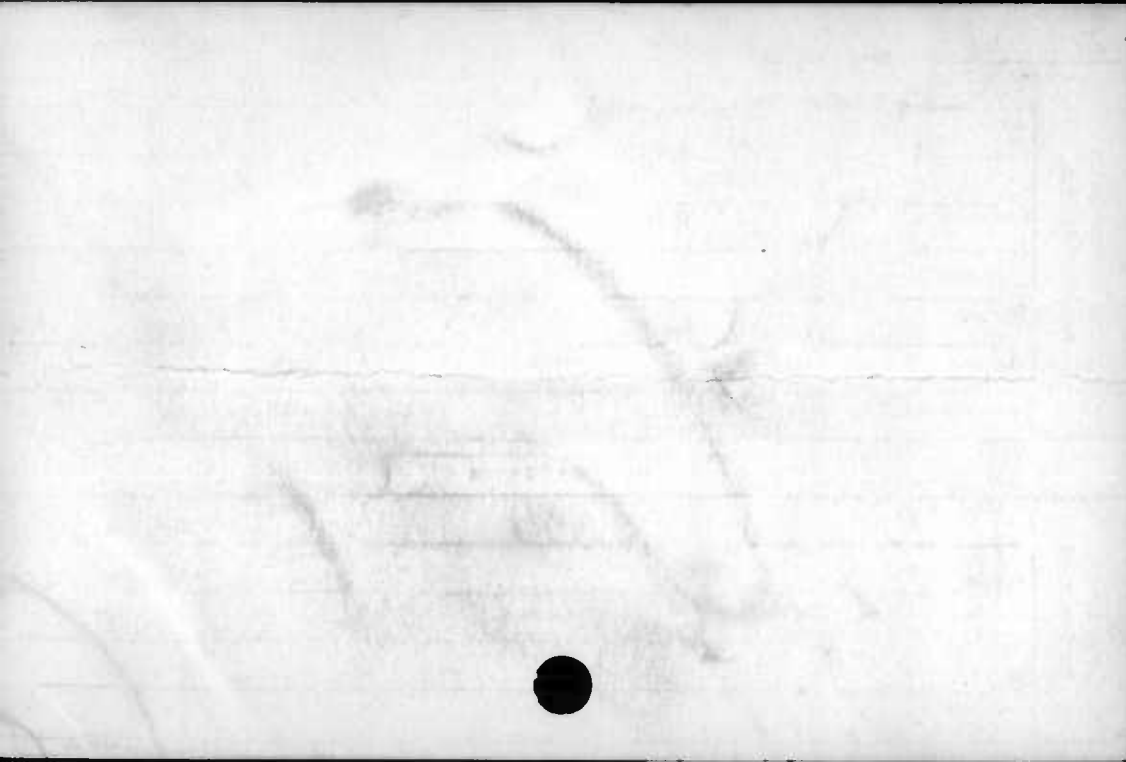
Died at <u>Chase</u> <small>Town</small>		<u>Balt</u> <small>County</small>		MARYLAND	
Date of death <u>1908</u>	<u>Mar</u> <small>Month</small>	<u>5</u> <small>Day</small>	<u>30</u> <small>Years</small>	<u>-</u> <small>Months</small>	<u>-</u> <small>Days</small>
Sex <u>Male</u>	Color or Race <u>Black</u>	Birth-place <u>va</u>			
Occupation <u>Laborer</u>	Where Residing if not at place of death <u>-</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>Elizabeth Pitt</u>				
Father's Name <u>Unknown</u>	Father's Birthplace <u>va</u>				
Mother's Maiden Name <u>Unknown</u>	Mother's Birthplace <u>va</u>				
Name of person giving information <u>Elizabeth Pitt</u>	How related to deceased <u>Wife</u>				

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <u>Acute Tubercular Pulmonary</u>	How long <u>3 weeks</u>
Immediate	
Are the name, age, sex, color, date and place correctly given above? <u>ye</u>	Signature of Physician <u>E. Villars</u>
	Address <u>Prossville Md</u>
Accident or Suicide?	



Name
in
Full

Lilly V. Hillger

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

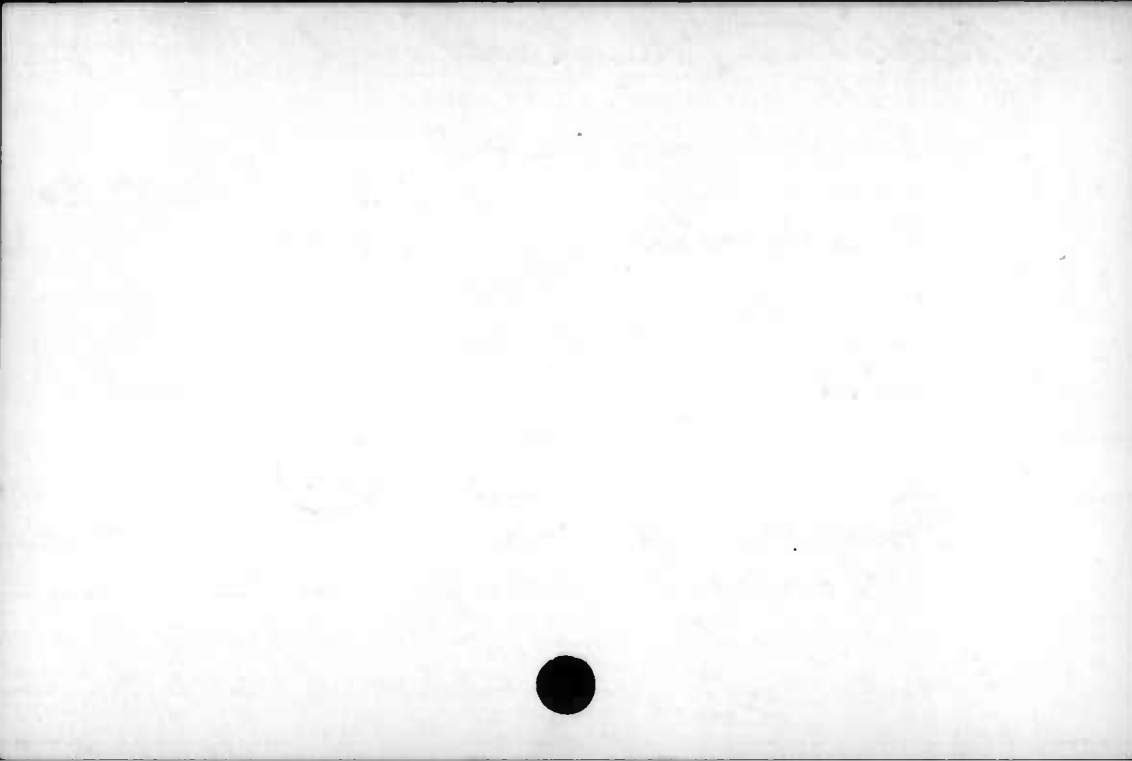
Died at <u>Bellgrove</u> ^{Town}		<u>Baltimore Co.</u> ^{County}		MARYLAND	
Date of death	<u>1908</u>	Month <u>March</u>	Day <u>20th</u>	Age <u>30</u> ^{Years}	Months <u>10</u> Days <u>8</u>
Sex <u>Female</u>	Color or Race <u>white</u>		Birth-place <u>Baltimore</u>		
Occupation <u>Housewife</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>Frederick B. Hillger</u>			
Father's Name <u>Frederick Freige</u>		Father's Birthplace <u>Germany</u>			
Mother's Maiden Name <u>Mary Roden</u>		Mother's Birthplace <u>Baltimore</u>			
Name of person giving information <u>Margaret Luebel</u>		How related to deceased <u>Sister</u>			

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<u>Pulmonary Tuberculosis</u>	How long <u>about 12 mos.</u>
Immediate	<u>Cardiac Asthenia</u>	How long <u>about 2 weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>Albert J. Singewald</u>
		Address <u>1503 E. North Ave.</u>
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

Died at *Heights* ^{Town}*Baltimore* ^{County}Date
of death *1908*Month *3*Day *24*Age *47* ^{Years}

Months

Days

Sex *Female*Color or
Race *White*Birth-
place *Baltimore*Occupation *Home Keeper*Where Residing if not
at place of death *1406 4th St*Married, Single
or WidowedName of Wife or
Husband *Thomas Kalland*Father's
Name *Samuel Bender Do*Father's
Birthplace *England*Mother's
Maiden Name *Sarah A Kerst*Mother's
Birthplace *Baltimore*Name of person giving
information *Fanny Davis (Sister)*How related
to deceased *Sister*

CAUSES OF DEATH

93

Primary *Pneumonia*How long *6 days*Immediate *Constriction Lungs*How long *12 hours*Are the name, age, sex, color, date
and place correctly given above? *Yes*Signature of
Physician *Edw. Lanny M.D.*Address *204 Bank St*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Mr. Strong, D.

Int. Carmel Cemetery

March 24/08.

Name
in
Full

Alfred T. Hopkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Grange, Md		County Baltimore		MARYLAND	
Date of death		1908	Month March	Day 15	Age Years 69	Months 11	Days 7
Sex Male		Color or Race White		Birth- place Maryland			
Occupation Farmer				Where Residing if not at place of death			
Married, Single or Widowed Married		Name of Wife or Husband Mary C. Bantz Hopkins					
Father's Name John Hopkins		Father's Birthplace Easton, Md					
Mother's Maiden Name Mahilda Price		Mother's Birthplace Easton, Md					
Name of person giving Information John B. Hopkins		How related to deceased Son					

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary	Acute indigestion	How long	4 Years
Immediate		How long	1 Hour
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		James Gilmore, Coroner	
Address		Colgate Md	
Accident or Suicide?			

Robert T. Turner,

Oak Grove Cemetery

March 17/08

Name
in
Full

Ellen A. Hopkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

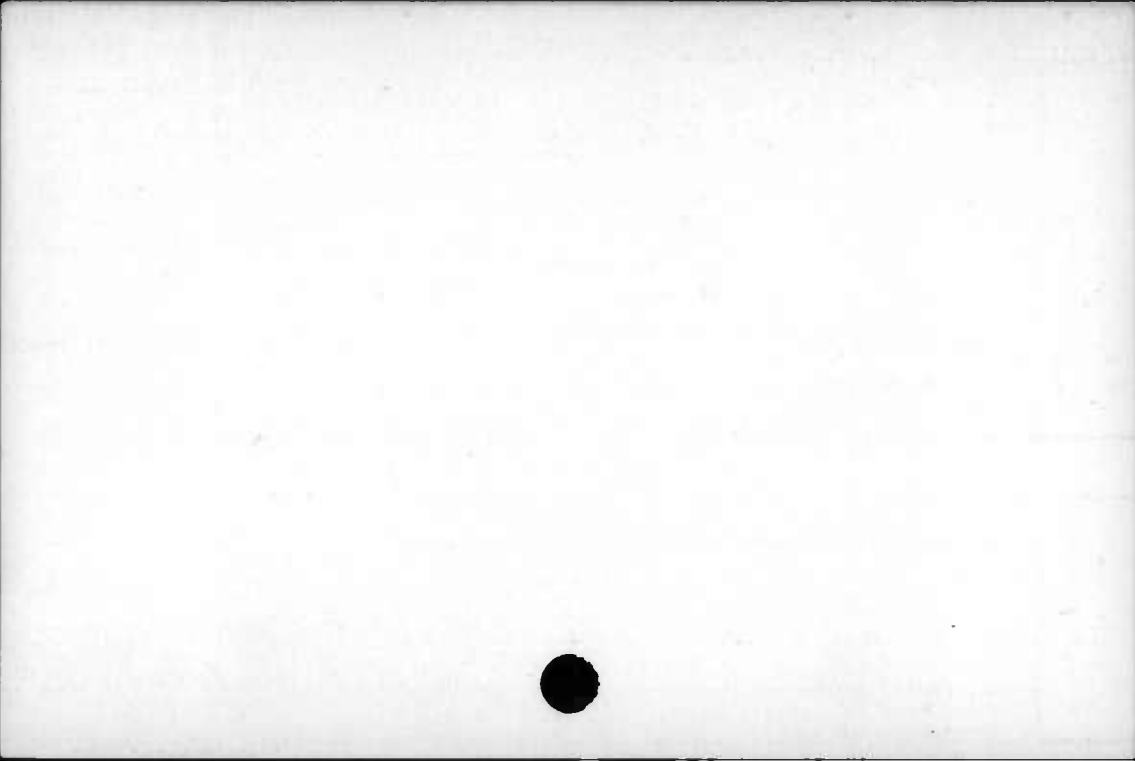
Died at <i>Hyde</i> <small>Town</small>		<i>Balto</i> <small>County</small>			
Date of death <i>1908</i>	Month <i>March</i>	Day <i>7</i>	Age <i>68</i>	Years <i>✓</i>	Months <i>✓</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>md</i>		
Occupation <i>house wife</i>		Where Residing if not at place of death <i>Same</i>			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Geo. H. Hopkins</i>				
Father's Name <i>Christian</i>	<i>and known name was changed</i>		Father's Birthplace <i>md</i>		
Mother's Maiden Name <i>Louisa Heart</i>	<i>and known name was changed</i>		Mother's Birthplace <i>md</i>		
Name of person giving information <i>Geo. H. Hopkins</i>			How related to deceased <i>Husband</i>		

CAUSES OF DEATH

157

PHYSICIAN
OR CORONER

Primary <i>Suicide by hanging</i>	How long <i>Immediate</i>
Immediate <i>✓</i>	How long <i>" "</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. E. H. Gornuch</i>
	Address <i>Fork md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Elizabeth Hugel</i>		Town <i>Highlandtown</i>		County <i>Baltimore</i>		State <i>MARYLAND</i>	
Died at <i>Highlandtown</i>		Date of death <i>1908 March 23rd</i>		Age <i>47</i>		Months <i>0</i>	
Sex <i>Female</i>		Color or Race <i>White - American</i>		Birth-place <i>Baltimore MD</i>		Days <i>0</i>	
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>325 S. Boulden St</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Henry Hugel</i>					
Father's Name <i>John C Franke</i>		Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>Annie Braumoth</i>		Mother's Birthplace <i>Germany</i>					
Name of person giving information <i>Henry Hugel</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <i>Nephritis</i>	How long <i>1 year</i>
Immediate <i>Uræmia</i>	How long <i>Two weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Albertus Callin</i>
	Address <i>1728 E. Baltimore</i>
Accident or Suicide? <i>No</i>	

Oak Lawn Cemetery.

March. 26/1908. ✓

Wm Cook

502 E North ave

Name
in
Full

Bertha Thalmitzer Hutchins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Town</u> <u>Dowson</u>		County. <u>Baltimore</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>3</u>	Day <u>5</u>	Age <u>46</u>	Months <u>7</u>	Days <u>19</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Germany</u>		
Occupation <u>Gavern Keeper</u>	Where Residing if not at place of death <u>at her own home</u>				
Married, Single or Widowed <u>Widow of</u>	Name of Wife or Husband <u>James B. Hutchins</u>				
Father's Name <u>August Thalmitzer</u>	Father's Birthplace <u>Germany</u>				
Mother's Maiden Name <u>Bertha Ulbrich</u>	Mother's Birthplace <u>Germany</u>				
Name of person giving information <u>Dr Thalmitzer</u>	How related to deceased <u>Sister</u>				

CAUSES OF DEATH

114

PHYSICIAN
OR CORONER

Primary <u>Jaundice</u>	<u>Cataract</u>	<u>How long</u> <u>some weeks</u>
Immediate <u>Oedema of Lung.</u>	<u>Cardiac weakness.</u>	<u>How long</u> <u>12 hours.</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>R. C. Massenburg</u>
<u>Yes</u>		Address <u>Dowson</u>
Accident or Suicide?		<u>Md</u>

John Burns' Sons
Powson.

Interment in
"Prospect Hill"

Powson

Name
in
Full

Francis M. Jackson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Grange</u> <small>Town</small>		<u>Baltimore</u> <small>County</small>		MARYLAND	
Date of death	<u>1908</u>	Month <u>March</u>	Day <u>6</u>	Age <u>37</u> <small>Years</small>	Months <u> </u> Days <u> </u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Harford Co Md</u>		
Occupation <u>Farmer</u>	Where Residing if not at place of death <u>5th Ave Balto C Md</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Marion Lynch</u>				
Father's Name <u>Samuel Jackson</u>	Father's Birthplace <u>Harford Co Md</u>				
Mother's Maiden Name <u>Unknown</u>	Mother's Birthplace <u>Unknown</u>				
Name of person giving information <u>Marion Lynch</u>	How related to deceased <u>Wife</u>				

CAUSES OF DEATH

179

Physician
OR CORONER

Primary	<u>Heart failure</u>	How long <u> </u>
Immediate		How long <u> </u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of <u>David R. Thompson</u>
		Address <u>1500 Highland Ave</u>
		<u>Baltimore County Md</u>
Accident or Suicide?	<u> </u>	

My dear
H. Sander & Sons

March 8/08

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Texas</i> Town		<i>Ballo</i> County		MARYLAND	
Date of death <i>1908</i> <i>3</i> Month		<i>3</i> Day		<i>11</i> Months	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Texas Md</i>	
Occupation _____		Where Residing if not at place of death _____			
Married, Single or Widowed _____		Name of Wife or Husband _____			
Father's Name <i>Osau Garrett</i>		Father's Birthplace <i>Harford Co Md</i>			
Mother's Maiden Name <i>Julia Patterson</i>		Mother's Birthplace <i>Ballo Co Md</i>			
Name of person giving information <i>Osau Garrett</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary _____		How long _____	
Immediate <i>Bronchio pneumonia</i>		How long <i>2 weeks</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Dr. Shos. C. Bessy</i>	
_____		Address <i>Texas Md</i>	
Accident or Suicide? _____		_____	

Invoice at Fort Chapin
Berthoud Feb. 5-41

W. E. Brooks

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

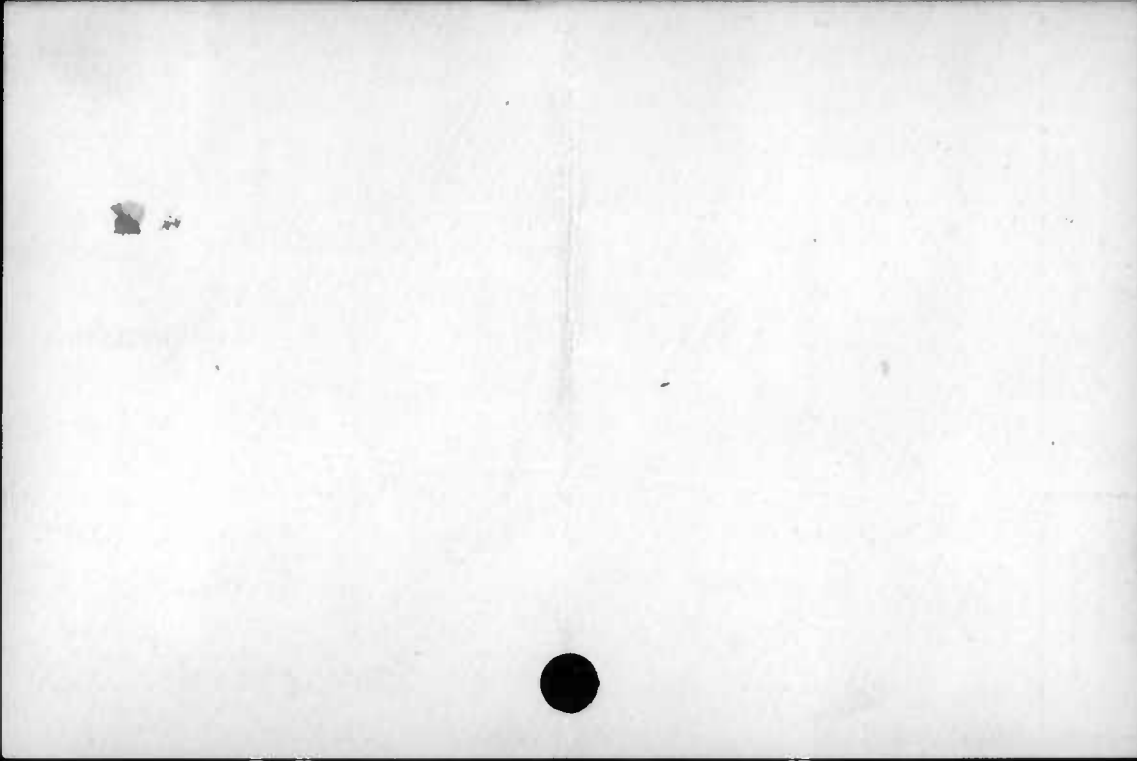
Died at		Town <i>Texas</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	<i>1905</i>	Month <i>Nov</i>	Day <i>11</i>	Age <i>0</i>	Years <i>0</i>	Months <i>6</i>	Days <i>1</i>
Sex <i>Female</i>	Color or Race <i>Black</i>			Birth- place <i>Texas Md</i>			
Occupation <i>home</i>				Where Residing if not at place of death <i>Texas Md</i>			
Married, Single or Widowed <i>X</i>		Name of Wife or Husband <i>X</i>					
Father's Name <i>Charles A. Johnson</i>				Father's Birthplace <i>Baltimore Md</i>			
Mother's Maiden Name <i>Minnie Brown Garrett</i>				Mother's Birthplace <i>Baltimore Md</i>			
Name of person giving In formation <i>Minnie Johnson</i>				How related to deceased <i>Mother</i>			

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <i>Cutaneous Pruritus</i>	How long <i>10 days</i>
Immediate <i>General failure of heart</i>	How long <i>10 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>D. H. Benson</i>
	Address <i>Brooklynville Md</i>
Accident or Suicide? <i>X</i>	



Name
In Full

Charles Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Mt Hope Rmsh* ^{Town} *Balto* ^{County}Date of death *1908* ^{Month} *Feb* ^{Day} *22* ^{Years} *Age 35* ^{Months} ^{Days}Sex *Male* Color or Race *White* Birth-place *N. C.*Occupation *Clerk.* Where Residing if not at place of death *Balto Md.*Married, Single or Widowed *Single* Name of Wife or HusbandFather's Name *Not known* Father's Birthplace *Not known*Mother's Maiden Name *Not known* Mother's Birthplace *11*Name of person giving information *Reeds Mt Hope* How related to deceased *Not at all*

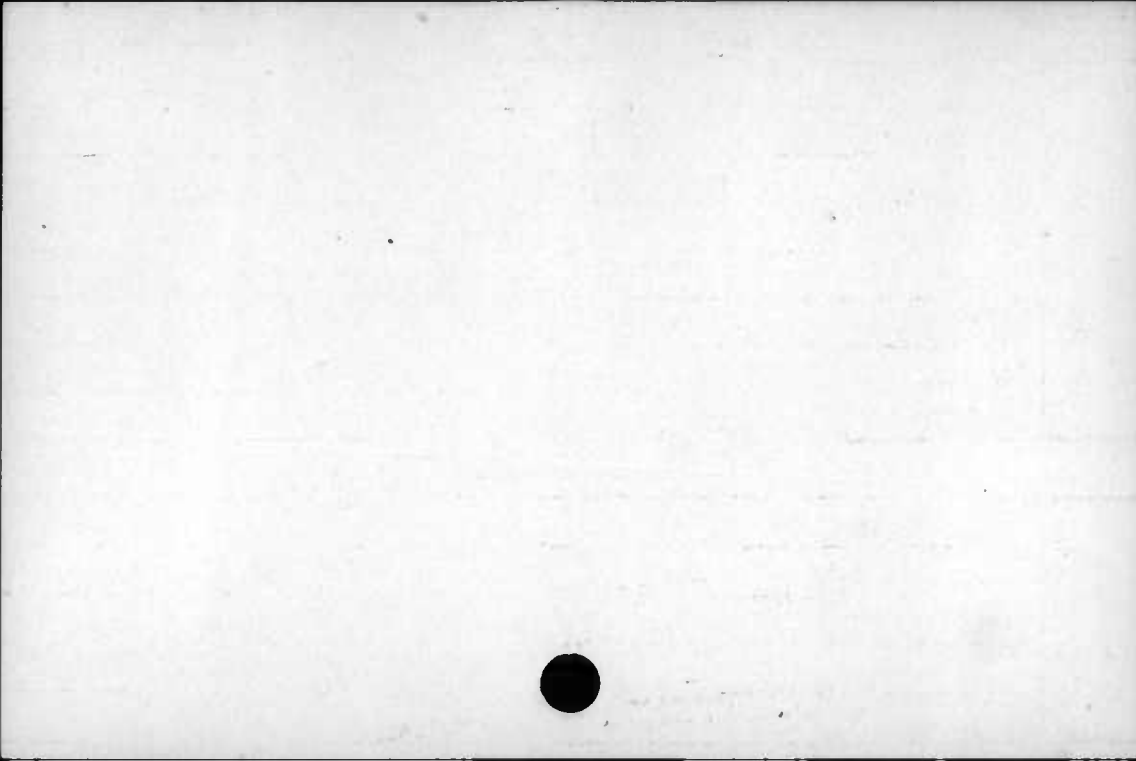
CAUSES OF DEATH

(69)

Primary *Mania - Post Epilepsy* How long *Many years - 16 or 18*Immediate *Ex. Cerebral Congest -* How long *abt one wk -*Are the name, age, sex, color, date and place correctly given above *Yes*Signature of Physician *Frank J. Silenmy*Address *Mt Hope Rmsh
Mt Hope Md.*

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

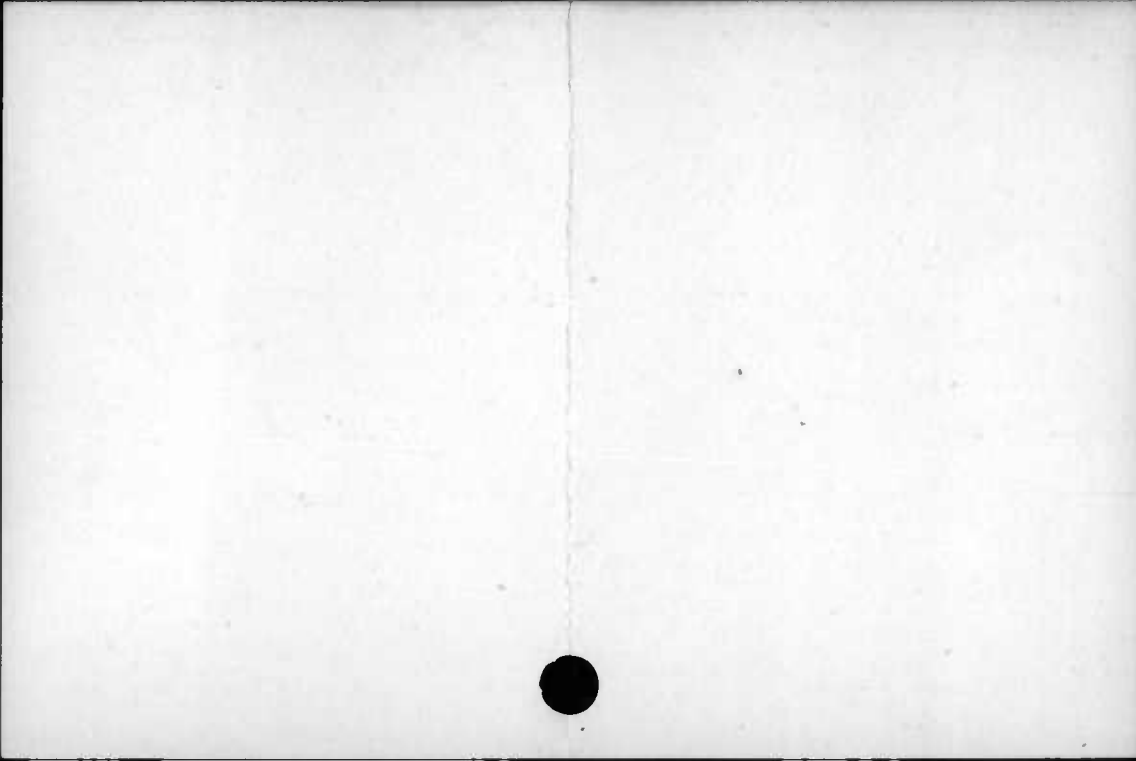
Name <i>John Allen Jones</i>		Town <i>Ashland</i>		County <i>Harb</i>		MARYLAND	
Died at		Date of death		Age		Months	
<i>1908</i>		<i>March</i>		<i>22</i>		<i>5</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Parkton Md</i>		Days <i>12</i>	
Occupation <i>Infant</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>John W. Jones</i>		Father's Birthplace <i>Rayville Md</i>					
Mother's Maiden Name <i>Mary Elizabeth Miller</i>		Mother's Birthplace <i>Parkton Md</i>					
Name of person giving information <i>John M. Jones</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

167

PHYSICIAN
OR CORONER

Primary <i>Burns (Brush fire)</i>		How long <i>3 minutes</i>	
Immediate <i>Shock</i>		How long <i>12 hours</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Dr W. R. Brown</i>	
		Address <i>Cracktown Md</i>	
Accident or Suicide? <i>Accident</i>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Date

of death 1908

Month

3

Day

24

Age

64

Years

Months

Days

Sex

Occupation

Color or
RaceBirth-
place

MARYLAND

Married, Single
or WidowedName of Wife or
HusbandFather's
NameMother's
Maiden NameName of person giving
In formationWhere Residing if not
at place of deathFather's
BirthplaceMother's
BirthplaceHow related
to deceased

CAUSES OF DEATH

Primary

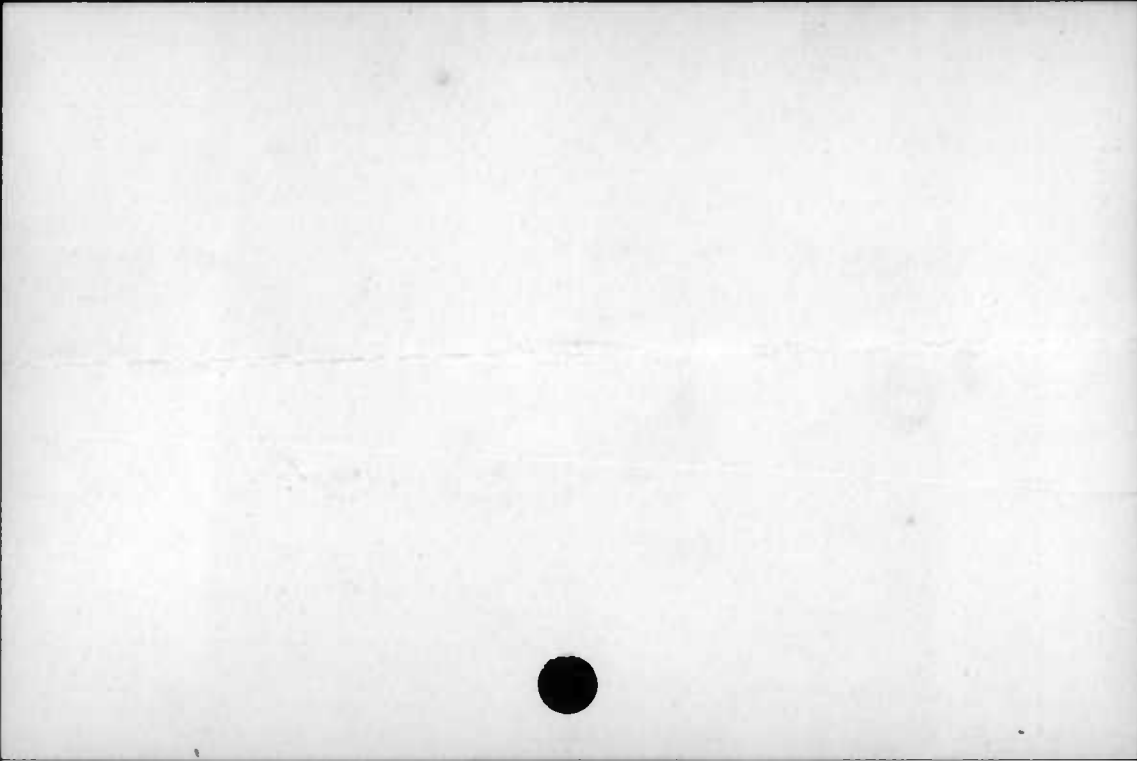
Immediate

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Valentine Kahl

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

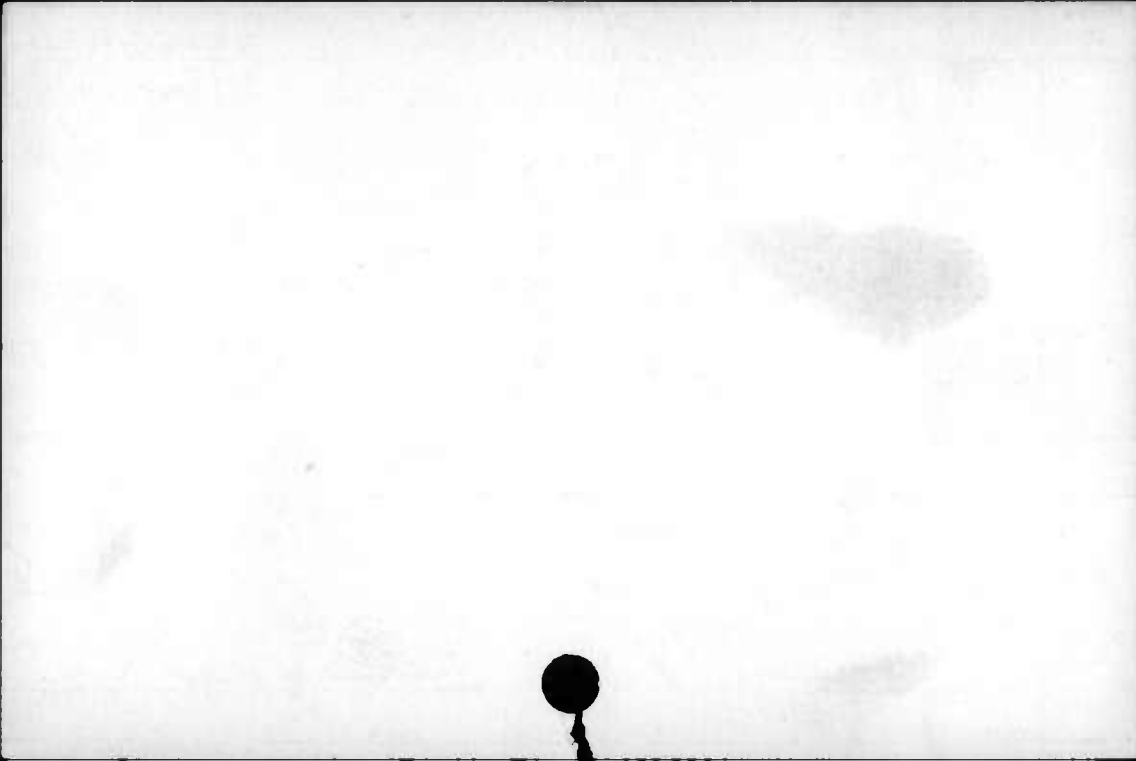
Died at		Town		County		MARYLAND	
Perry Hall				Baltimore			
Date of death	1908	Month	March	Day	7	Years	90
				Age		Months	✓
				Days		✓	
Sex	Male	Color or Race	White	Birth-place	Germany		
Occupation	Farmer			Where Residing if not at place of death	Same		
Married, Single or Widowed	Married			Name of Wife or Husband	Margaret Kahl nee Linder		
Father's Name	not known			Father's Birthplace	Germany		
Mother's Maiden Name	Unknown			Mother's Birthplace	Germany		
Name of person giving information	Joseph Kahl			How related to deceased	Son		

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	apoplexy	How long	6 days
Immediate	apoplexy	How long	6 days
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	J. F. H. Yonck -
		Address	Fork md -
Accident or Suicide?			



Name
in
Full

Bridget Kane

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Dulaney's valley* Town *Balto.* County *MARYLAND*

Date of death *1908* Month *3* Day *22* Age *81* Years Months *6* Days *—*

Sex *Female* Color or Race *white* Birth-place *Ireland*

Occupation *Tavern Keeper* Where Residing if not at place of death *Dulaney's Valley*

Married, Single or Widowed *Widow* Name of Wife or Husband *Bernard Kane*

Father's Name *Mallory Harrley* Father's Birthplace *Ireland*

Mother's Maiden Name *Abbie Carroll* Mother's Birthplace *Ireland*

Name of person giving information *Miss Annie Kane* How related to deceased *daughter*

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary *Pneumonia* How long *15 days*

Immediate *Dilated Heart* How long *Seven days*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *B. F. Burriff*

Address *Texas Md*

Accident or Suicide?

John Burns Soue
Touson

Mt. Marie Cemetery
Touson

Name in Full		Dolphus King				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at Town <i>Louisa</i>		County <i>Balto.</i>		MARYLAND		
		Date of death <i>1908</i>		Month <i>Mar</i>	Day <i>22</i>	Age <i>68</i>	Months <i>—</i>	Days <i>—</i>
		Sex <i>Male</i>		Color or Race <i>Col</i>		Birth-place <i>Va</i>		
		Occupation <i>Labourer</i>		Where Residing if not at place of death <i>Person</i>				
		Married Single Widowed		Name of Wife or Husband <i>Annie Johnson</i>				
		Father's Name <i>Dr. King</i>		Father's Birthplace <i>Dr. King</i>				
		Mother's Maiden Name <i>Dr. King</i>		Mother's Birthplace <i>Dr. King</i>				
Name of person giving information <i>Lobe King</i>		How related to deceased <i>Son</i>						
<div style="display: flex; justify-content: space-between;"> <div>CAUSES OF DEATH</div> <div>(10)</div> </div>								
PHYSICIAN OR CORONER		Primary <i>Croup & Bronchitis</i>		How long <i>6 weeks</i>				
		Immediate <i>Cardiac Asthenia</i>		How long <i>2 hours</i>				
		Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. Royden Smith, D.</i>				
				Address <i>Louisa, Va.</i>				
		Accident or Suicide? <i>—</i>						

John Burns Sons

Sons

Sandy Bottom

cerm.

Balto. Co.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Chestnut Ridge</i> ^{Town}		<i>Balto.</i> ^{County}		MARYLAND	
Date of death	<i>1908</i>	Month <i>3</i>	Day <i>18</i>	Age <i>73</i>	Months <i>42</i> Days <i>16</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Germany</i>		
Occupation <i>Housewife</i>	Where Residing (not at place of death) <i>Chestnut Ridge</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>John Klob.</i>				
Father's Name <i>Not Known</i>	Father's Birthplace <i>Germany</i>				
Mother's Maiden Name <i>Not Known</i>	Mother's Birthplace <i>Germany</i>				
Name of person giving information <i>Mr. John Klob.</i>	How related to deceased <i>Husband</i>				

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<i>Dilated heart</i>	How long <i>about 2 mos.</i>
Immediate	<i>Dilated heart</i>	How long <i>about 2 mos.</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician <i>Dr. Thos. C. Pursey</i>
		Address <i>Texas</i>
		<i>Md.</i>
Accident or Suicide?		

John Burns Sons
Towns

St. Paul Lutheran Cemetery
Balt. Co.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

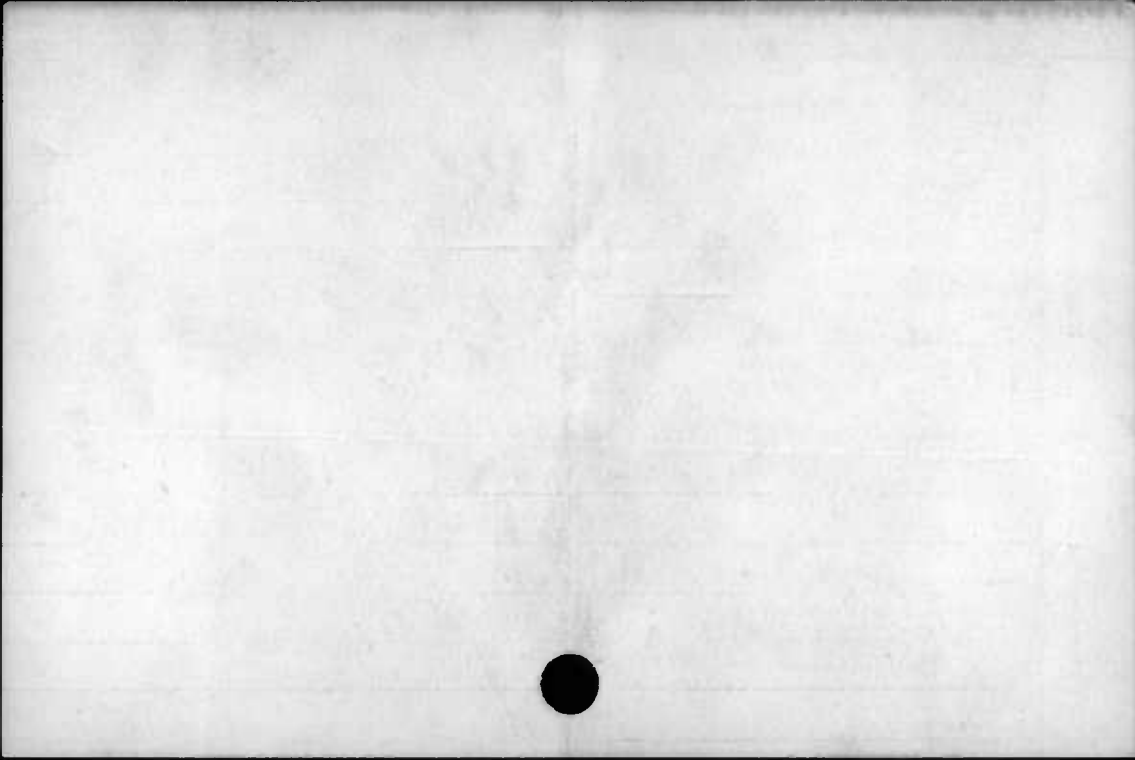
Died at <i>Spenn's Point</i>		Town <i>Beallsville</i>		County		MARYLAND	
Date of death	1908	Month	March	Day	10	Age	41
Sex	Male	Color or Race	White	Birth-place	Austria		
Occupation	Laborer			Where Residing if not at place of death			
Married, Single or Widowed	Single			Name of Wife or Husband <i>Anna Bodner</i>			
Father's Name	<i>Andrew Pysocky</i>			Father's Birthplace <i>Austria</i>			
Mother's Maiden Name	<i>Marie Tolt.</i>			Mother's Birthplace <i>Austria</i>			
Name of person giving information	<i>Andrew Pysocky</i>			How related to deceased <i>Son</i>			

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	<i>Acute Peritonitis</i>	How long	<i>10 days.</i>
Immediate	<i>Exhaustion</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes.</i>	Signature of Physician	<i>F. C. Glendard</i>
		Address	<i>Spenn's Point</i>
			<i>Med</i>
Accident or Suicide?			



Name in Full		Mary Landa				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Highlandtown		County Balto		MARYLAND	
	Date of death	1908	Month 3	Day 4	Age	Years	Months
	Sex	Female		Color or Race White		Birth-place Balto. Co., Md.	
	Occupation	None		Where Residing if not at place of death		523 Pratt St.	
	Married, Single or Widowed	—		Name of Wife or Husband		—	
	Father's Name	Joseph Landa				Father's Birthplace	Germany
PHYSICIAN OR CORONER	Mother's Maiden Name	Wedrick Ulrich				Mother's Birthplace	Germany
	Name of person giving information	Joseph Landa				How related to deceased	Father
	CAUSES OF DEATH				151		
PHYSICIAN OR CORONER	Primary	Premature Birth				How long	—
	Immediate					How long	
	Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician		Mrs. M. Schenning	
				Address		504 Third St. Canton	
	Accident or Suicide?	No					

Sacret Heart
Cemetery
Hernig & Son
3/5/08

Name
in
Full

Horriet Laury

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Oregon</i> Town		<i>Polk</i> County		MARYLAND	
Date of death <i>1908</i>	Month <i>March</i>	Day <i>17</i>	Age <i>88</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Christiansburg Va</i>			
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>—</i>				
Married, Single <i>Widow</i>	Name of Wife or Husband <i>Peter Laury</i>				
Father's Name <i>Unknown</i>	Father's Birthplace <i>Unknown</i>				
Mother's Maiden Name <i>Miss - Klimm</i>	Mother's Birthplace <i>Manchester Md</i>				
Name of person giving information <i>Mr A. J. Laury</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Valvular disease of Heart</i>	How long <i>Two years</i>
Immediate <i>Hypostatic Pneumonia (dropsy)</i>	How long <i>6 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr B. R. Penick</i>
	Address <i>Backsville Md</i>
Accident or Suicide? <i>—</i>	

Interment at
Wshland Thursday
March 19th
"

W. C. Brooks

Name in Full		Martha M. Lindner				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Highlandtown	County Baltimore	MARYLAND			
		Date of death		1908	Month 3	Day 18	Age 41	Months Days	
		Sex		Female		Color or Race	White		
		Occupation		House work		Birth-place	Baltimore		
		Where Residing if not at place of death		906 Lombard St.					
		Married, Single or Widowed		M.		Name of Wife or Husband		Arthur Lindner	
		Father's Name		Unknown		Father's Birthplace		Germany	
Mother's Maiden Name		Unknown		Mother's Birthplace		Germany			
Name of person giving information		Arthur Lindner		How related to deceased		Husband			
CAUSES OF DEATH									
PHYSICIAN OR CORONER		Primary				How long			
		Anaemia due to Abortion				3 or 4 weeks			
		Immediate				How long			
		By phos fever				1 week			
		Are the name, age, sex, color, date and place correctly given above?				yes			
Signature of Physician		Dr. F. A. Glantz							
Address		41 Eastern Ave. E. B.							
Accident or Suicide?									

1st Gen. Ev. Cemetery

Henryson

~~3/21/05~~

3/21/05

Name
in
Full

Infant - Lint

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Manor</u> Town		<u>Balto</u> County		MARYLAND	
Date of death	<u>1908</u>	Month	<u>March</u>	Day	<u>9</u>
Age		Years	Months		Days
Sex	<u>Female</u>	Color or Race	<u>white</u>	Birth-place	<u>Manor</u>
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		<u>J. Jacob. Lint</u>		Father's Birthplace	
Mother's Maiden Name		<u>Mary M. Glass</u>		Mother's Birthplace	
Name of person giving information		<u>Mary Lint</u>		How related to deceased	
				<u>Mother</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Breech Presentation</u>	How long
Immediate	<u>Pressure on cord by head</u>	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
		<u>T. R. Payne M.D.</u>
		Address
		<u>Cheset</u>
Accident or Suicide?		



Name
in
Full

Mary E. Lowe

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Wickeysville</i>		County <i>Baltimore</i>		MARYLAND	
Date of death		Month <i>8</i>	Day <i>31</i>	Years <i>18</i>	Months	Days	
Sex <i>female</i>		Color or Race <i>White</i>		Birthplace <i>Virginia</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Baltimore Md</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>John I Lowe</i>					
Father's Name <i>Harry Cooper</i>		Father's Birthplace <i>Virginia</i>					
Mother's Maiden Name <i>Susie Nolan</i>		Mother's Birthplace <i>Virginia</i>					
Name of person giving information <i>John I Lowe</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

79

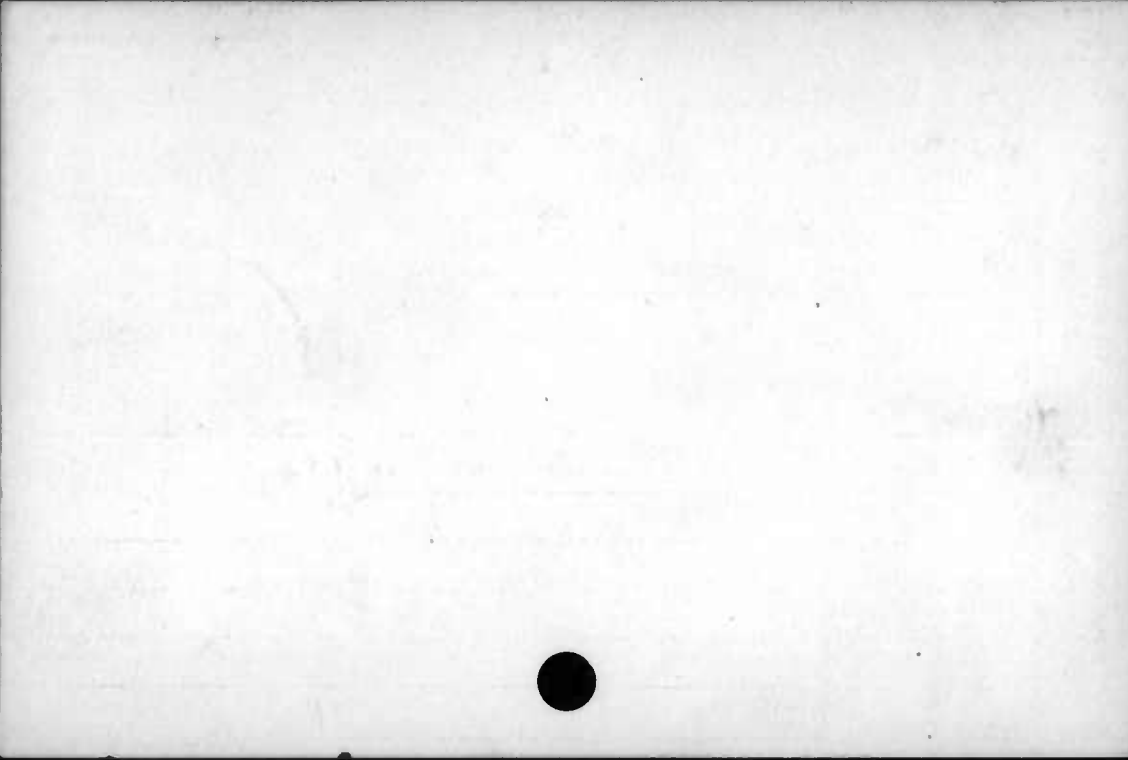
PHYSICIAN
OR CORONER

Primary	<i>Mitral Regurgitation</i>	How long	<i>5 years</i>
Immediate	<i>Cardiac Arrhythmia</i>	How long	<i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>A. C. Smith</i>	
		Address <i>Woodlawn Sta</i>	
Accident or Suicide? <i>—</i>			

Louisa Reed
March 20 1908
Joat E Cook

Name in Full		CERTIFICATE OF DEATH						
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County		
		Blue Mount		Baltimore		MARYLAND		
		Date of death 1908	Month	Day	Age	Years	Months	Days
		8	March	25	92			
		Sex	Female	Color or Race	White	Birth-place	Black Horse	
		Married, Single or Widowed	Widow	Occupation	House keeper			
		Name of Wife or Husband	George Lytle					
TO BE ANSWERED BY NEAREST FRIEND		Father's Name		William Carlin		Father's Birthplace		don't know
		Mother's Maiden Name		Rachel Carlin		Mother's Birthplace		don't know
		Name of person giving information		Leonard Slade		How related to deceased		none
PHYSICIAN OR CORONER		CAUSES OF DEATH						
		Primary						Senile decay
		Immediate						Senile decay
		Are the name, age, sex, color, date and place correctly given above?						as
		Signature of Physician						F. J. Turner M.D.
PHYSICIAN OR CORONER		Address						
		White Hall, Maryland						
PHYSICIAN OR CORONER		Accident or Suicide?						

154



Name
in
Full

Alexander McCallister

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hamilton</i> ^{Town}		<i>Balti</i> ^{County}		MARYLAND	
Date of death	<i>1907</i>	Month	<i>3</i>	Day	<i>9</i>
Age		<i>45</i>	Years	Months	
Sex	<i>male</i>	Color or Race	<i>white</i>	Birth-place	<i>Penna</i>
Occupation	<i>clerk</i>	Where Residing if not at place of death		<i>Hamilton P.O.</i>	
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband <i>none</i>			
Father's Name	<i>Wm McCallister</i>			Father's Birthplace	<i>Penna</i>
Mother's Maiden Name	<i>Jane Cunningham</i>			Mother's Birthplace	<i>Penna</i>
Name of person giving information	<i>Mrs Wm McCallister</i>			How related to deceased	<i>Sister-in-law</i>

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>5 months</i>
Immediate	<i>Pulmonary Tuberculosis</i>	How long	<i>"</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	
Signature of Physician		<i>Wm Horse</i>	
Address			
Accident or Suicide?			

Lumbach & Sons

Name
in
Full

Helen Magruder

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

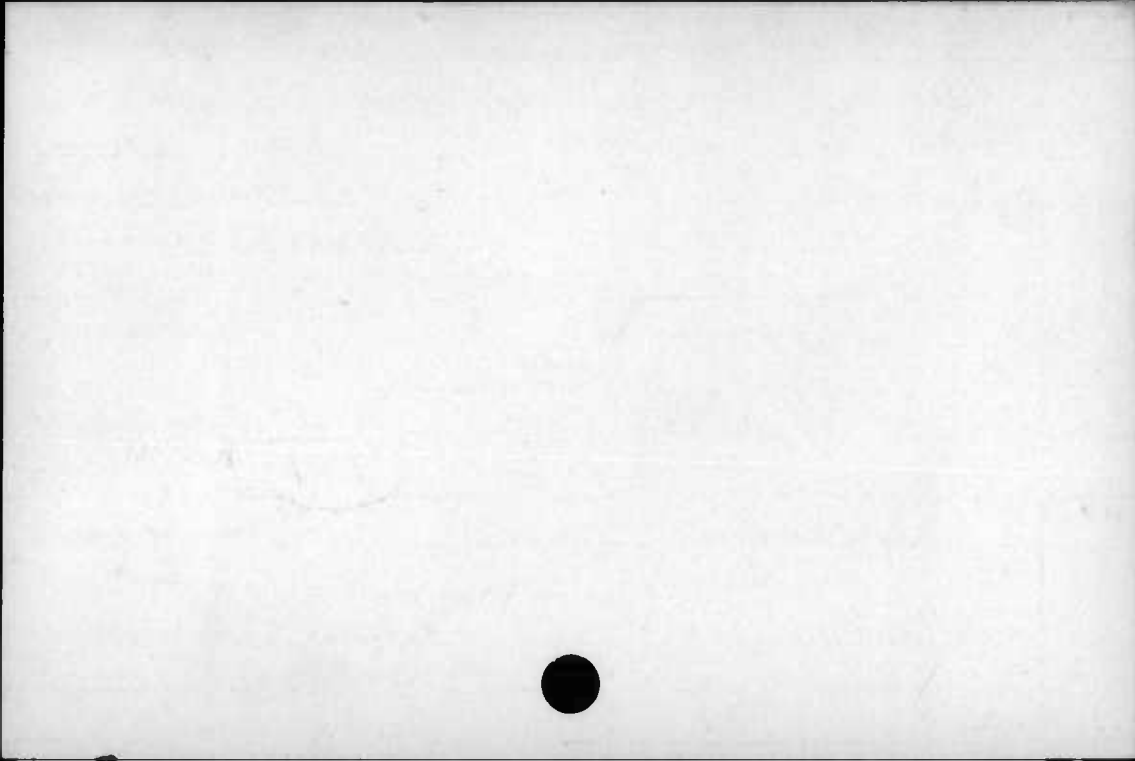
Died at <i>Mt Hope Retreat</i> <small>Town</small>		<i>Baltimore</i> <small>County</small>	
Date of death <i>1908</i>	<i>March</i> <small>Month</small>	<i>28</i> <small>Day</small>	<i>61</i> <small>Years</small>
<i>not known</i> <small>Months</small>		<i>not known</i> <small>Days</small>	
Sex <i>Female</i>	Color or Race <i>white</i>	Birth-place <i>Va</i>	
Occupation <i>Teacher</i>	Where Residing if not at place of death <i>Newark N.J.</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband _____		
Father's Name <i>not known</i>	Father's Birthplace <i>not known</i>		
Mother's Maiden Name <i>" "</i>	Mother's Birthplace <i>" "</i>		
Name of person giving information <i>Rieds Mt Hope</i>	How related to deceased <i>not at all</i>		

CAUSES OF DEATH

157

PHYSICIAN
OR CORONER

Primary <i>Mania Chronic</i>	How long <i>over 3 or 4 years</i>
<i>Self strangulation</i> <small>Immediate</small>	How long _____
<i>Coroner investigated and delivered inquest.</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician _____
<i>Frank A. Berman M.D.</i>	Address <i>Frank J. J. Lannery</i>
<i>Acting Coroner</i>	<i>Sub Registrar</i>
Accident or Suicide? _____	



Name
in
Full

Lutitia Timmerman Martin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

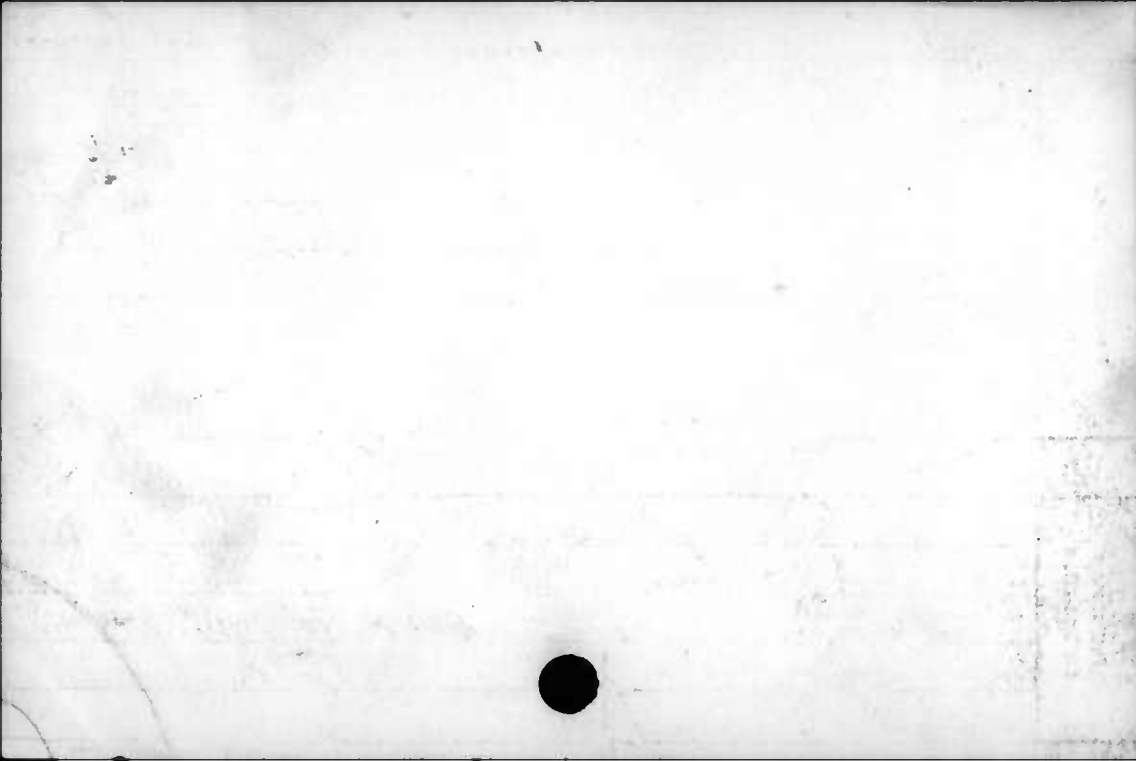
Died at <i>Back River Bridge</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death	<i>1908</i>	Month <i>March</i>	Day <i>Fourth</i>	Age <i>—</i>	Years	Months <i>Two</i>	Days <i>Seven</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Frankl. Spr. Hospital</i>				
Occupation <i>—</i>			Where Residing if not at place of death <i>At place of death</i>				
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>				
Father's Name <i>George Martin</i>			Father's Birthplace <i>Buffalo, N.Y.</i>				
Mother's Maiden Name <i>Minnie Martin</i>			Mother's Birthplace <i>Germany</i>				
Name of person giving information <i>Father of child</i>			How related to deceased <i>Father</i>				

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary	<i>Wasting disease</i>	How long <i>Since birth</i>
Immediate	<i>Same</i>	How long <i>Same</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Franklin Schinner, Coroner</i>
		Address <i>Colgate</i>
Accident or Suicide?		<i>Balto. Co. Md.</i>



Name
in
Full

John Meyer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at 1st M + 16th Town of Lower Center

County Baltimore

MARYLAND

Date
of death 1908Month
MarDay
20th

Age

Years
58Months
8Days
10

Sex

Male

Color or
Race

White

Birth-
place

Germany

Occupation

Carpenter

Where Residing if not
at place of death

Resided at place of death

Married, Single
or Widowed

Widowed

Name of Wife or
Husband

Late Minnetta Meyer

Father's
Name

John Meyer

Father's
Birthplace

Germany

Mother's
Maiden Name

Wilhelmina Miners

Mother's
Birthplace

" "

Name of person giving
In formation

Louis Platt

How related
to deceased

CAUSES OF DEATH

112

Primary

Cerebral Thrombosis, Bronchitis

How long

Several years

Immediate

Cardiac Dilatation

How long

2 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

A. F. Reis

Address

213 S. Bond St.
Baltimore

Accident or Suicide?

PHYSICIAN
OR CORONER

Mt Carmel

March 22/08

H. Sander & Sons

Name
in
Full

Mrs Catherine Michel

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

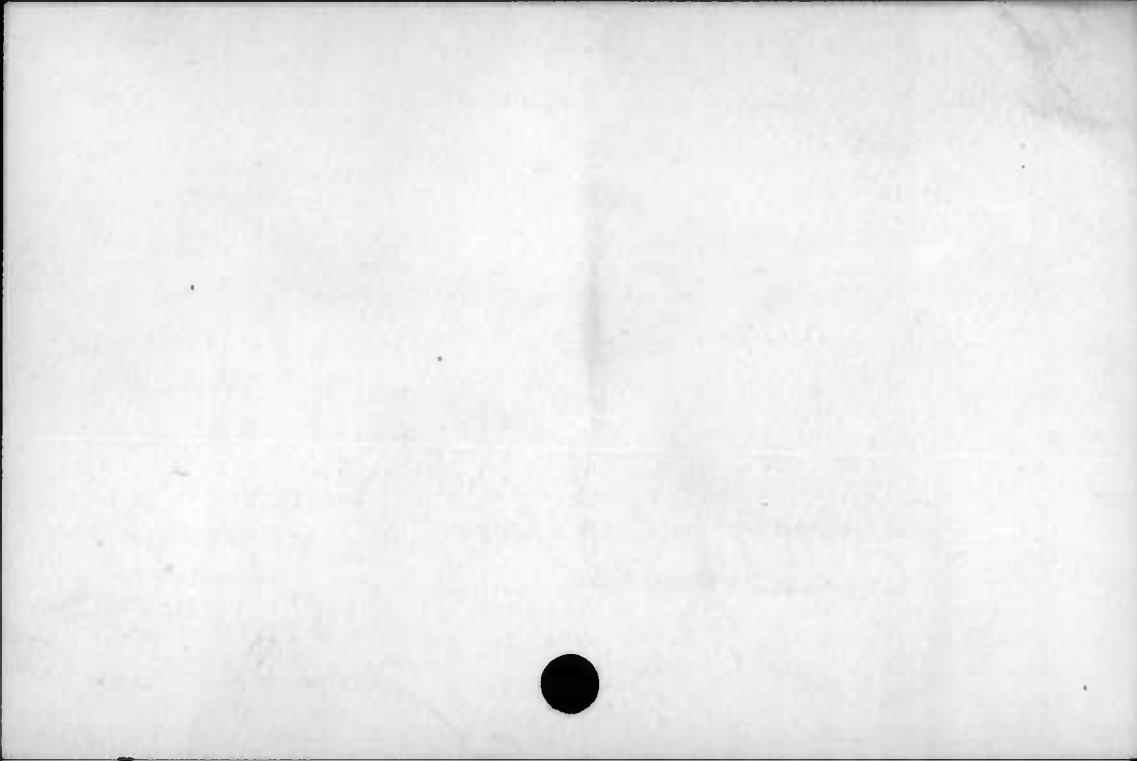
Died at <i>Edgemere</i>		Town <i>Edgemere</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	<i>1905</i>	Month <i>March</i>	Day <i>1st</i>	Age <i>54</i>	Years <i>54</i>	Months <i>2</i>	Days <i>26</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Germany</i>				
Occupation <i>Housewife</i>	Where Residing if not at place of death						
Married or Widowed	Name of Wife or Husband <i>John Michel</i>						
Father's Name <i>Henry Birckenstock</i>	Father's Birthplace <i>Germany</i>						
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Germany</i>						
Name of person giving information <i>Mrs Ann Geist</i>	How related to deceased <i>Daughter</i>						

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary <i>Bronchitis Recurrent</i>	How long <i>Two weeks</i>
Immediate <i>Exhaustion</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. C. Eldred M.D.</i>
	Address <i>Summit Point, Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>506 New Boundary Ave</i>		Town <i>Baltimore Co</i>		County <i>Baltimore Co</i>		MARYLAND					
Date of death <i>1908</i>		Month <i>March</i>		Day <i>16</i>		Years <i>46</i>		Months <i>—</i>		Days <i>—</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Baltimore Md</i>							
Occupation <i>Sec.</i>		Where Residing if not at place of death <i>506 New Boundary Ave</i>									
Married, Single <i>Married</i>		Name of Wife or husband <i>Barbara Miles</i>									
Father's Name <i>Unknown</i>		Father's Birthplace <i>Baltimore Co</i>									
Mother's Maiden Name <i>Virginia Bosley</i>		Mother's Birthplace <i>Baltimore Co</i>									
Name of person giving information <i>Harry B Miles</i>		How related to deceased <i>Son</i>									

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>	How long	<i>about 2 yrs.</i>
Immediate	<i>Cardiac Syncope</i>	How long	<i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>John Evans MD</i>	
		Address <i>#602 Cator Ave.</i>	
Accident or Suicide?			

Presbyterian
Cemetery
Gorham

Mich 19/08

Wm. S. S. S.

Burial Thursday

Name
in
Full

Blancher V. Miller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Upper Falls</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death <i>1908</i>	Month <i>7</i>	Day <i>20</i>	Age <i>5</i>	Months <i>24</i>	Days <i>10</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Upper Falls Md</i>		
Occupation _____			Where Residing if not at place of death <i>Same</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband _____			
Father's Name <i>Arman Miller</i>			Father's Birthplace <i>MD</i>		
Mother's Maiden Name <i>Annie Pilsford</i>			Mother's Birthplace <i>..</i>		
Name of person giving information <i>Arman Miller</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary <i>La Grippe</i>	How long <i>3 days</i>
Immediate <i>Paralysis of heart</i>	How long <i>2 or 3</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>St. Peter</i>
	Address <i>Fredston P.O. Md.-</i>
Accident or Suicide? <i>No</i>	

Antes m r

St. Stephens

Pyadetan

Name
in
Full

Elizabeth V. Miller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

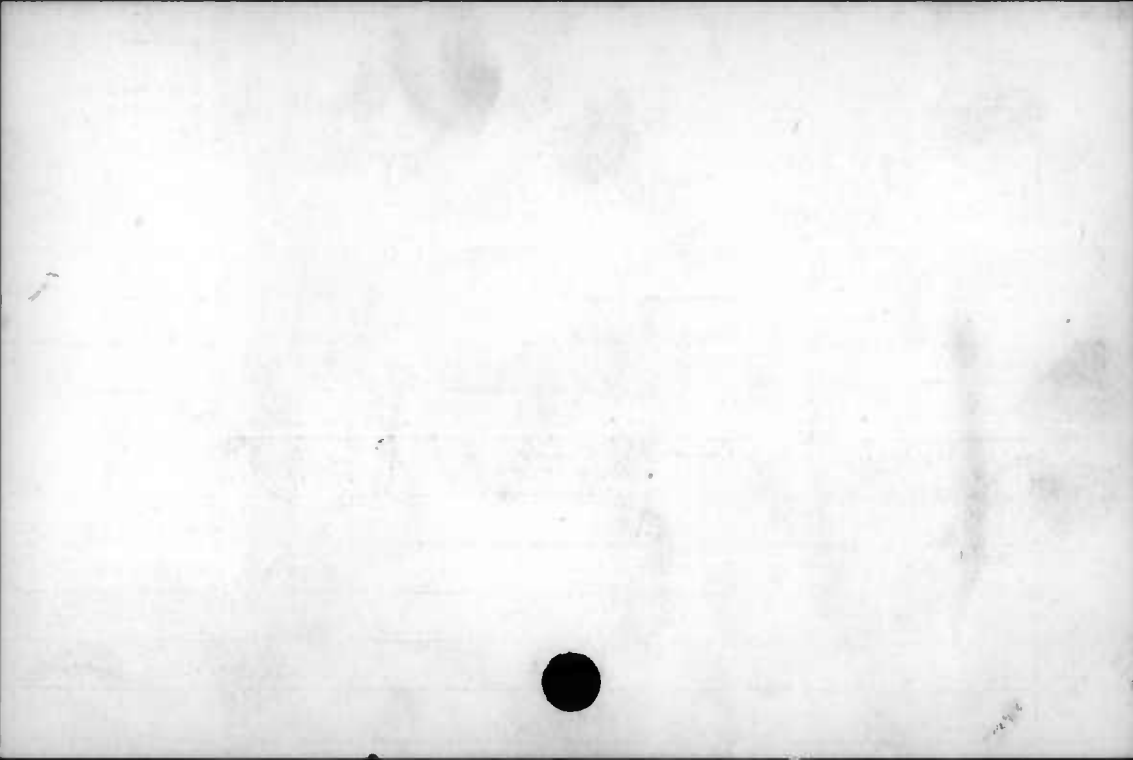
Died at <i>Sextonville</i> ^{Town}		<i>Balto</i> ^{County}		MARYLAND	
Date of death <i>1908</i>	Month <i>July</i>	Day <i>21</i>	Age <i>35</i> ^{Years}	Months <i>9</i>	Days <i>0</i>
Sex <i>female</i>	Color or Race <i>white</i>		Birth-place <i>Ind</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Henry Miller</i>				
Father's Name <i>George Wiseman</i>	Father's Birthplace <i>York, Pa.</i>				
Mother's Maiden Name <i>Carrita Shipley</i>	Mother's Birthplace <i>Ind</i>				
Name of person giving information <i>Henry Miller</i>	How related to deceased <i>Husband</i>				

CAUSES OF DEATH

137

PHYSICIAN
OR CORONER

Primary <i>Child Birth</i>	How long <i>2nd day</i>
Immediate <i>Puerperal Septicemia</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Geo. S. M. Kieffer</i>
	Address <i>Morell Park</i>
	<i>Balto Co Md</i>
Accident or Suicide?	



Name
in
Full

Still Born Infant Mary
Town *Lansdowne* County *Baltimore*

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

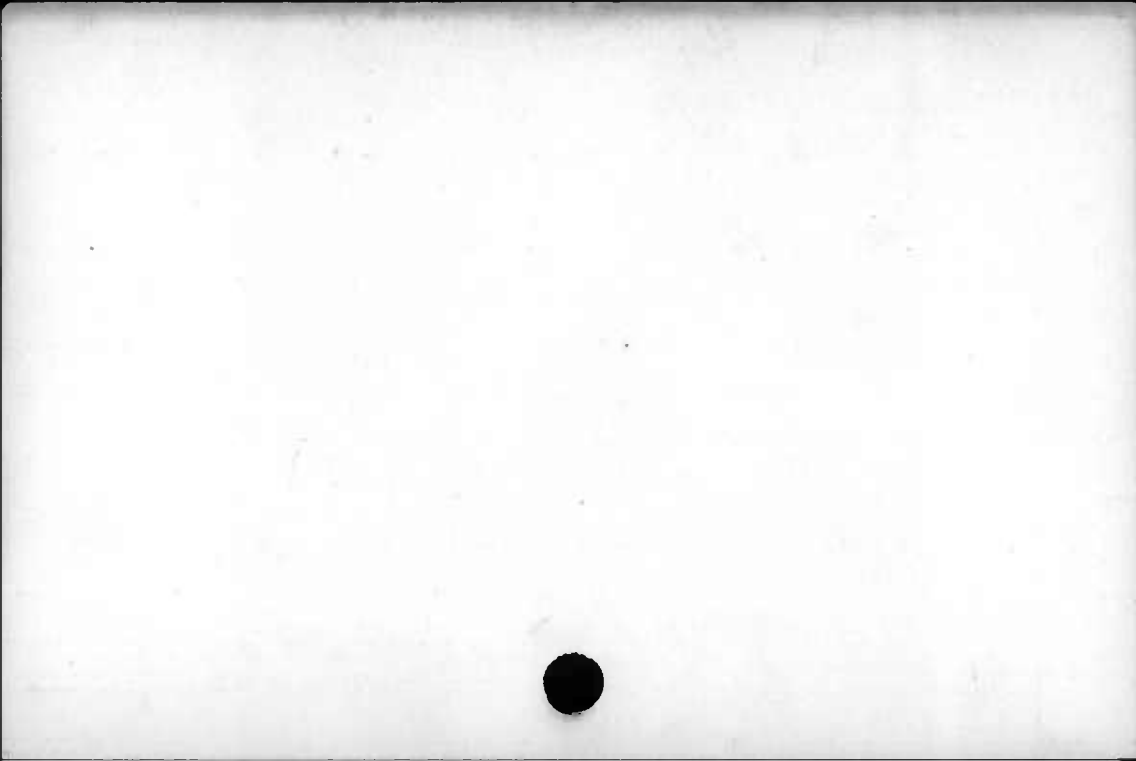
Died at *Lansdowne*
Date of death *1908* Month *March* Day *28* Age *—* Years *—* Months *—* Days *—*
Sex *Male* Color or Race *White* Birth-place *Lansdowne*
Occupation *Infant* Where Residing if not at place of death *—*
Married, Single or Widowed *—* Name of Wife or Husband *—*
Father's Name *William J. Mooney* Father's Birthplace *Wd*
Mother's Maiden Name *Anganette Owens* Mother's Birthplace *Wd*
Name of person giving information *William J. Mooney* How related to deceased *father*

CAUSES OF DEATH

(S)

PHYSICIAN
OR CORONER

Primary *Still Born* How long *—*
Immediate *—* How long *—*
Are the name, age, sex, color, date and place correctly given above? *Yes*
Signature of Physician *Frank J. Ruhl*
Address *Lansdowne Md.*
Accident or Suicide? *—*



Name
in
Full

William M Moorhead

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

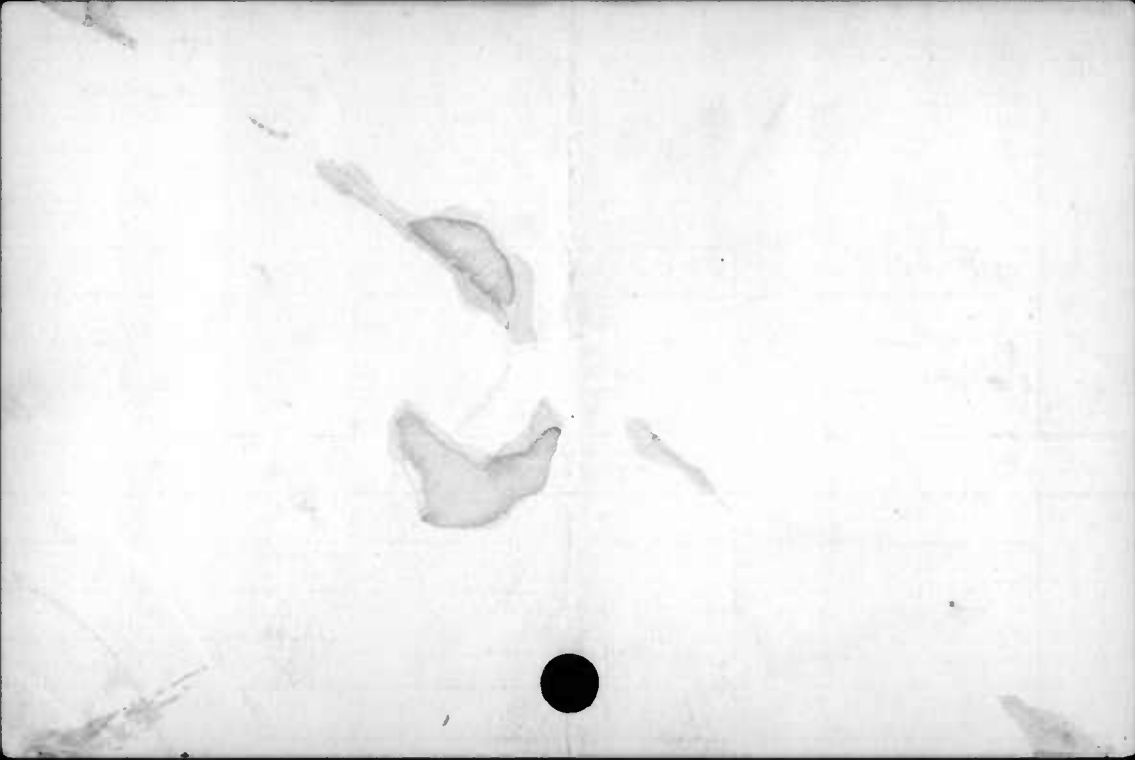
Died at <u>Rosedale</u> ^{Town}		<u>Beth</u> ^{County}		MARYLAND	
Date of death	<u>1908</u> ^{Month}	<u>4</u> ^{Day}	Age	<u>55</u> ^{Years}	<u>—</u> ^{Months} <u>—</u> ^{Days}
Sex	<u>Male</u>	Color or Race	<u>colored</u>	Birth-place	<u>ga</u>
Occupation	<u>Minister</u>		Where Residing if not at place of death <u>Rosedale Md</u>		
Married, Single or Widowed	<u>Single</u>		Name of Wife or Husband <u>Millie L Sanders</u>		
Father's Name	<u>unknown</u>		Father's Birthplace	<u>unknown</u>	
Mother's Maiden Name	<u>unknown</u>		Mother's Birthplace	<u>unknown</u>	
Name of person giving information	<u>Clarence Moorhead</u>		How related to deceased	<u>Son</u>	

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<u>Myocardial Steclerosis</u>		How long	<u>2 yrs</u>
Immediate	<u>—</u>		How long	<u>—</u>
Are the name, age, sex, color, date and place correctly given above?		<u>yes</u>	Signature of Physician	<u>L. V. Moore</u>
			Address	<u>Rossville Md</u>
Accident or Suicide?		<u>Accident</u>	<u>—</u>	



Name in Full		Still born of James & Maeta Morrow				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Highlandtown</i>		County <i>Baltimore</i>		MARYLAND		
	Date of death <i>1908</i>		Month <i>Mar.</i>	Day <i>7</i>	Years	Months <i>Still Born</i>	Days
	Sex <i>male</i>		Color or Race <i>White</i>		Birth-place <i>Ma</i>		
	Occupation <i>None</i>		Where Residing if not at place of death <i>—</i>				
	Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>				
	Father's Name <i>James Morrow</i>				Father's Birthplace <i>Portana</i>		
	Mother's Maiden Name <i>Maeta Kiedridge</i>				Mother's Birthplace <i>"</i>		
Name of person giving information <i>James Morrow</i>				How related to deceased <i>father</i>			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		<i>Still born</i>		How long <i>—</i>		
	Immediate				How long <i>—</i>		
	Are the name, age, sex, color, date and place correctly given above?		<i>Yes.</i>		Signature of Physician <i>Dr. J. A. Leantz</i>		
					Address <i>41 Eastern Ave. Ch.</i>		
	Accident or Suicide?						

Dr. Blauy.

Mr. Carivel

H. Sander Loro

March 5/08

Name
in
Full

Richard Leavelle Hoxie Matt.

CERTIFICATE OF DEATH

Died at ^{Town} ~~Phillips Hill~~ ^{County} ~~Baltimore~~

MARYLAND

Date of death 1908 Month 3 Day 7 Age Years 5 Months 10 Days

Sex Male Color or Race White Birth-place Baltimore

Occupation — Where Residing if not at place of death Phillips Hill.

Married, Single
or WidowedName of Wife or
Husband

Father's Name Albert Matt.

Father's Birthplace New York

Mother's Maiden Name Clara R. Westcott

Mother's Birthplace Penna

Name of person giving information Albert Matt

How related to decedent Father

CAUSES OF DEATH

105

Primary Ileocolitis.

How long 5 Weeks

Immediate Exhaustion

How long 3 days.

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

A. F. Hader Jr.

Address

Station E City.

Permit for Burial
Park Cemetery
Accident or Suicide?TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Permit for London
Park Cemetery
Stewart & Mowen Co
Handertakers

Name
In
Full

David Mules

CERTIFICATE OF DEATH

MARYLAND

Died at *Mt Hope Retreat* TownCounty *Baltimore*

Date

of death *1908*

Month

Feb

Day

4th

Age

Years *33*

Months

Days

Sex

*Male*Color or
Race*White*Birth-
place*Baltimore*

Occupation

*Printer*Where Residing if not
at place of death*Baltimore*Married, Single
or Widowed*Married*Name of Wife or
Husband*Not Known*Father's
Name*Not Known*Father's
Birthplace*Not Known*Mother's
Maiden Name*11**11*Mother's
Birthplace*11*Name of person giving
in formation*Reeds Mt Hope Retreat*How related
to deceased*Not at all*

CAUSES OF DEATH

Primary

Terminal Dementia

How long

abt 2 yrs

Immediate

Ex -

How long

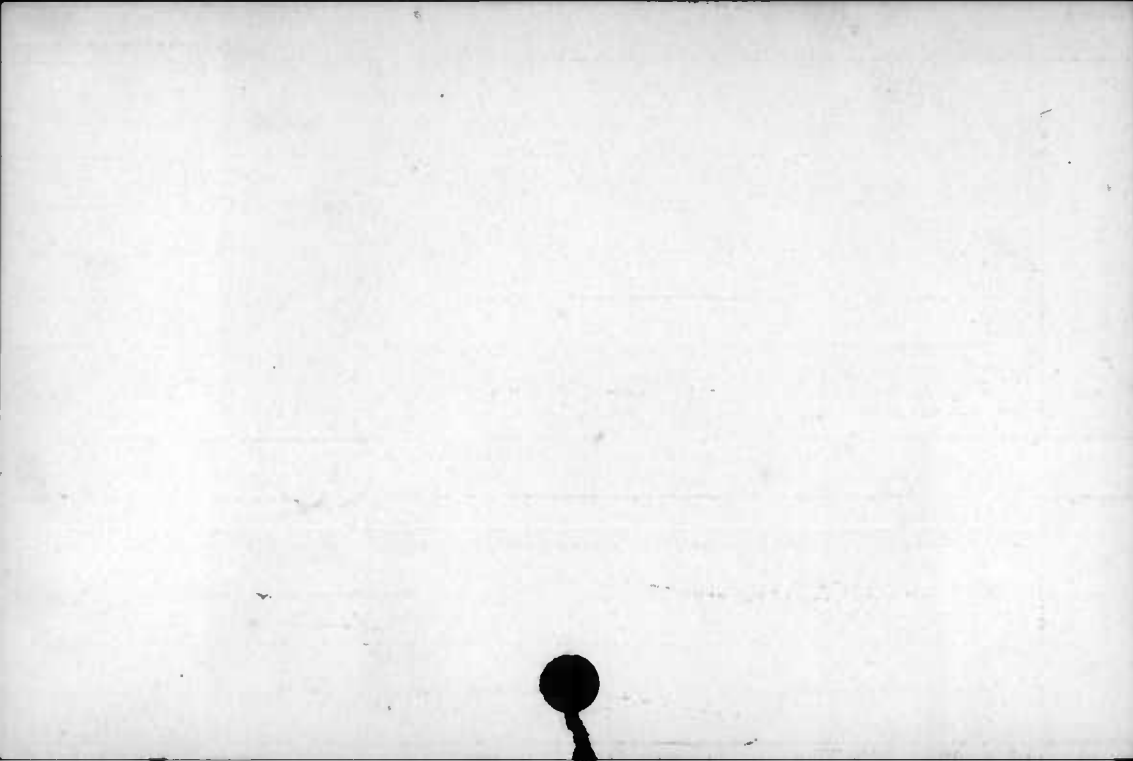
Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*Frank J. Flannery MD*

Address

*Mt Hope Retreat**Mt Hope*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Daniel Myers

CERTIFICATE OF DEATH

Died at *Catonsville* ^{Town} *Baltimore* ^{County} MARYLANDDate of death 1908 Month ~~2~~ 3 Day 18 Age 68 1/2 Years Months Days

Sex Male Color or Race Colored Birth-place Maryland

Occupation Laborer Where Residing if not at place of death

Married, Single or Widowed Widowed Name of Wife or Husband Louisa Dorsey

Father's Name Unknown Father's Birthplace Maryland

Mother's Maiden Name Unknown Mother's Birthplace Maryland

Name of person giving Information Clarence L. Johnson How related to deceased Step Son in Law

CAUSES OF DEATH

120

Primary Chronic Interstitial Nephritis How long No. years

Immediate Cardiac Failure. How long at once

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

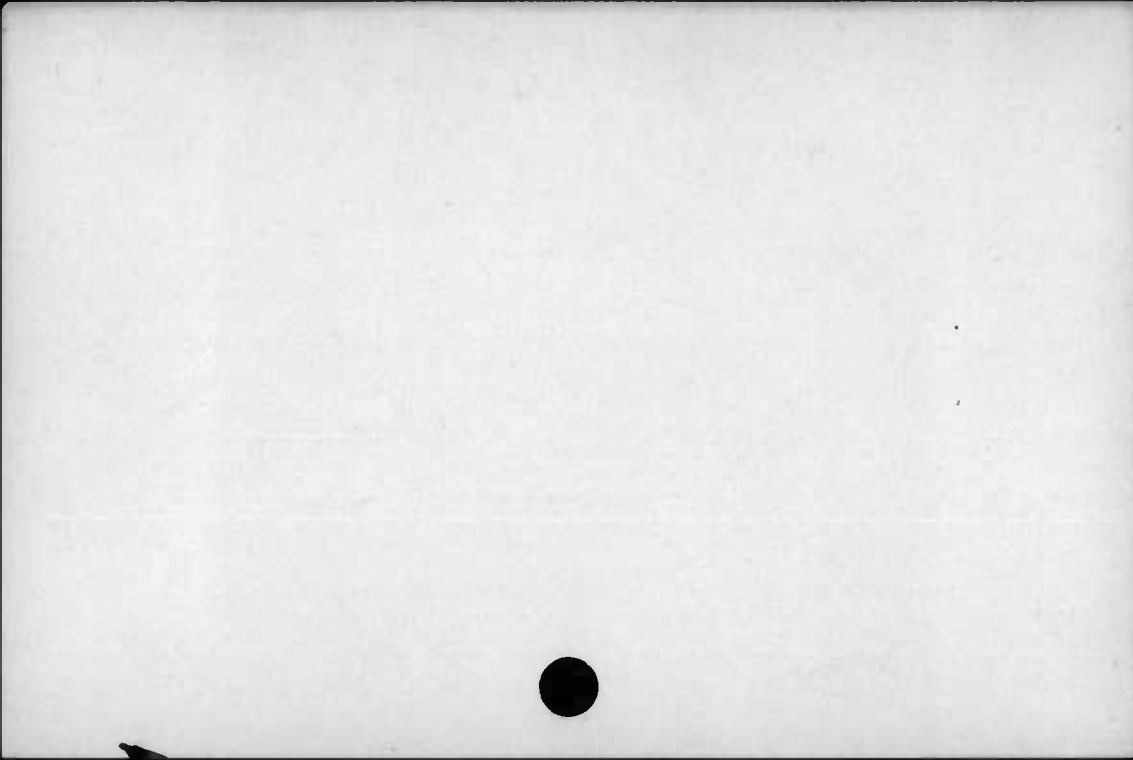
Henry B. Whitely

Address

Coronet
Catonsville, Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Susan Myers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Canton</u> Town		<u>Balto</u> County		MARYLAND	
Date of death <u>1908</u>	Month <u>Mar.</u>	Day <u>24</u>	Age <u>53</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>col.</u>		Birth-place <u>Va.</u>		
Occupation <u>Housework</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Wilson Myers</u>				
Father's Name <u>Gabriel Walker</u>	Father's Birthplace <u>Va.</u>			Mother's Birthplace <u>Va.</u>	
Mother's Maiden Name <u>unknown</u>	Name of person giving information <u>Frank Myers</u>			How related to deceased <u>Son</u>	

CAUSES OF DEATH

50

PHYSICIAN
OR CORONER

Primary <u>Diabetes</u>	How long <u>4 mos</u>
Immediate <u>Exhaustion & Sanguine</u>	How long <u>4 mos</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>C. N. H. H. H.</u>
	Address <u>2 Westmore</u>
Accident or Suicide? <u>—</u>	

Alexander & Demsey
578 W. Biddle.

Garret Cemetery -

March 27/08.

Name
in
Full

Elizabeth B. Nitzel

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Baltimore		County Baltimore		MARYLAND	
Date of death	1908	Month March	Day 27	Age	Years 90	Months 7	Days 19
Sex	Female		Color or Race	White		Birth- place	Germany
Occupation	None			Where Residing if not at place of death			
Married, Single or Widowed	Widowed		Name of Wife or Husband				
Father's Name	George Fischer					Father's Birthplace	Germany
Mother's Maiden Name	Not Known					Mother's Birthplace	Not Known
Name of person giving In formation	Elizabeth Weis					How related to deceased	Daughter

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary	Senility	How long	One year
Immediate	Exhaustion	How long	one week
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	David W. Jones
		Address	3116 Oldfield St
Accident or Suicide?			

Dr. Jones

Mt Carmel

March 30/08

H. Sander & Son

Name in Full		Margaret A. Noonan.				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Highlandtown	County Balto. Co.		MARYLAND	
	Date of death	28	Month 3	Day 25	Years 52	Months	Days
	Sex	Female		Color or Race	White		Birth-place
	Occupation	None		Where Residing if not at place of death		1209 Highland Ave	
	Married, Single or Widowed	Married		Name of Wife or Husband		Margaret A. Noonan	
	Father's Name	Hugh. Clarke		Father's Birthplace		Ireland	
	Mother's Maiden Name	Sarah E. Donohue		Mother's Birthplace		Ireland	
Name of person giving information	Daniel J. Noonan		How related to deceased		Husband		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Cerebromeningitis of Brain				How long	8 yrs.
	Immediate	Exhaustion				How long	3 weeks
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		
			No		Address		
	Accident or Suicide?				31 Gough Highlandtown Md.		

40

St Vincents
Cemetery

March 28/08 ✓

Wm Cook

502 E North Ave

Name in Full		Howard A. Morris				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Hampton		Baltimore		MARYLAND	
	Date of death	1908	Month 3	Day 26	Age	8	Months
	Sex	Male		Color or Race	Colored		Birth-place
	Occupation	None		Where Residing if not at place of death		Hampton	
	Married, Single or Widowed	Single		Name of Wife or Husband		None	
	Father's Name	Thomas Morris				Father's Birthplace	Harford Co
	Mother's Maiden Name	Grace Johnson				Mother's Birthplace	Balt. Co.
	Name of person giving information	Thomas Morris				How related to deceased	Father
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Cerebral Hemorrhage				How long	4 months
	Immediate	Cerebral Arteriosclerosis				How long	3 hours
	Are the name, age, sex, color, date and place correctly given above?				yes		
	Signature of Physician				J. Byrd Green w. d.		
	Address				Lowen Md.		
Accident or Suicide?							

John Burns Sons
Towson
Sandy Bottom
Towson

Name
in
Full

Helen Elizabeth O'Connor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} *Govanstown*^{County} *Baltimore*

MARYLAND

Date of death 1908 ^{Month} *Mar* ^{Day} *30* ^{Years} *2* ^{Months} *3* ^{Days} *17*Sex *Female* Color or Race *white* Birth-place *Balto. city*Occupation *Infant.* Where Residing if not at place of death *Govanstown Md.*Married, Single or Widowed *Infant.* Name of Wife or Husband *Infant.*Father's Name *E. Gilbert O'Connor* Father's Birthplace *Balto city*Mother's Maiden Name *May Louise Sanders.* Mother's Birthplace *Cumberland Md.*Name of person giving information *E Gilbert O'Connor* How related to deceased *Father.*

CAUSES OF DEATH

167

Primary *Scald. (Burn)* How long *19 hours.*Immediate *Shock.* How long *" "*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *W. H. Hest, M.D.*Address *Sta. H. Govans*Accident or Suicide? *Accident* *Balto. Md.*

MARTIN FAHEY & SONS,
Funeral Directors & Embalmers,

606 & 608 W. LaFayette Ave.

TELEPHONE 1993.

Our Cathedral Cemetery
April 1st 1958

Name
in
Full

Rev. Thomas O'Donohue -

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

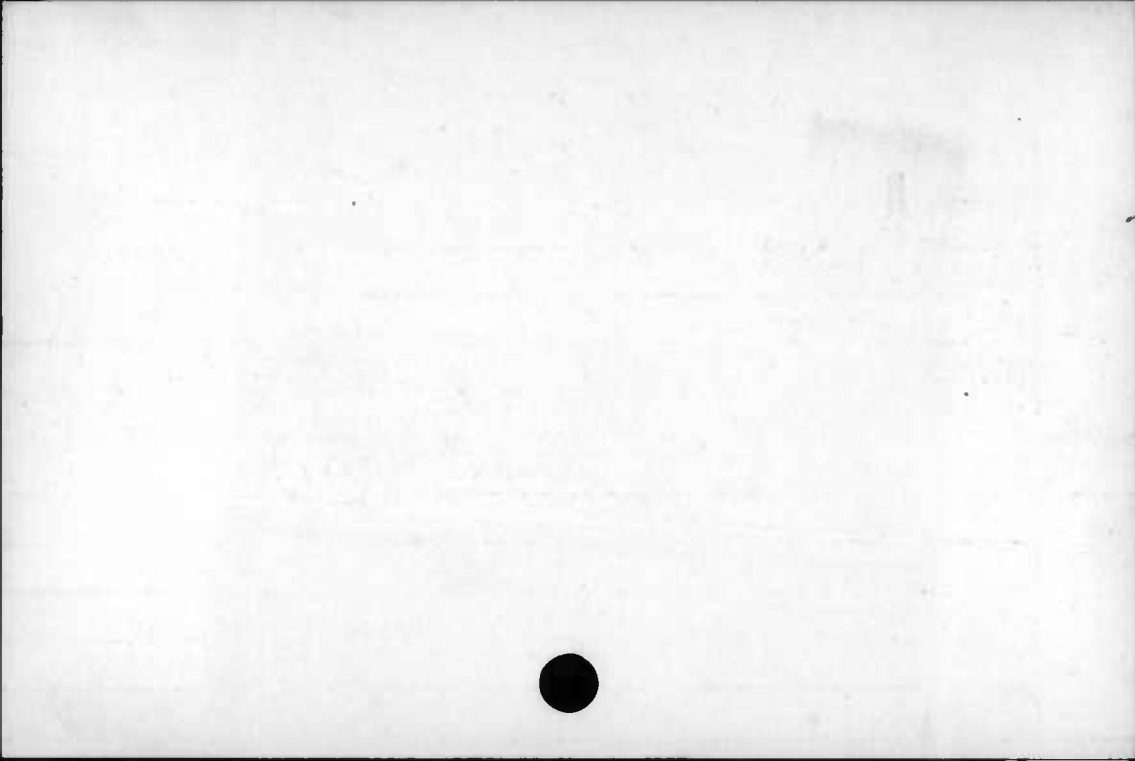
Died at <i>St. Agnes' Hospital</i>		Town <i>Baltimore</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	<i>1908</i>	Month <i>March</i>	Day <i>31st</i>	Age <i>68</i>	Years	Months	Days
Sex <i>male</i>	Color or Race <i>white</i>			Birth-place <i>Ireland</i>			
Occupation <i>Priest</i>	Where Residing if not at place of death <i>Immaculate Conception Church Balt.</i>						
Married, Single or Widowed <i>S'</i>	Name of Wife or Husband						
Father's Name <i>Unknown</i>	Father's Birthplace <i>Ireland</i>						
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Ireland</i>						
Name of person giving information <i>Father Neek</i>	How related to deceased <i>friend</i>						

CAUSES OF DEATH

41

PHYSICIAN
OR CORONER

Primary <i>Carcinoma Spleenic Colon</i>	How long <i>1 yr. (?)</i>
Immediate <i>Obstruction intestinal</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Paul Preske</i>
	Address <i>St Agnes' Hospital Baltimore, Md.</i>
Accident or Suicide?	



Name
in
Full

John Parker -

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

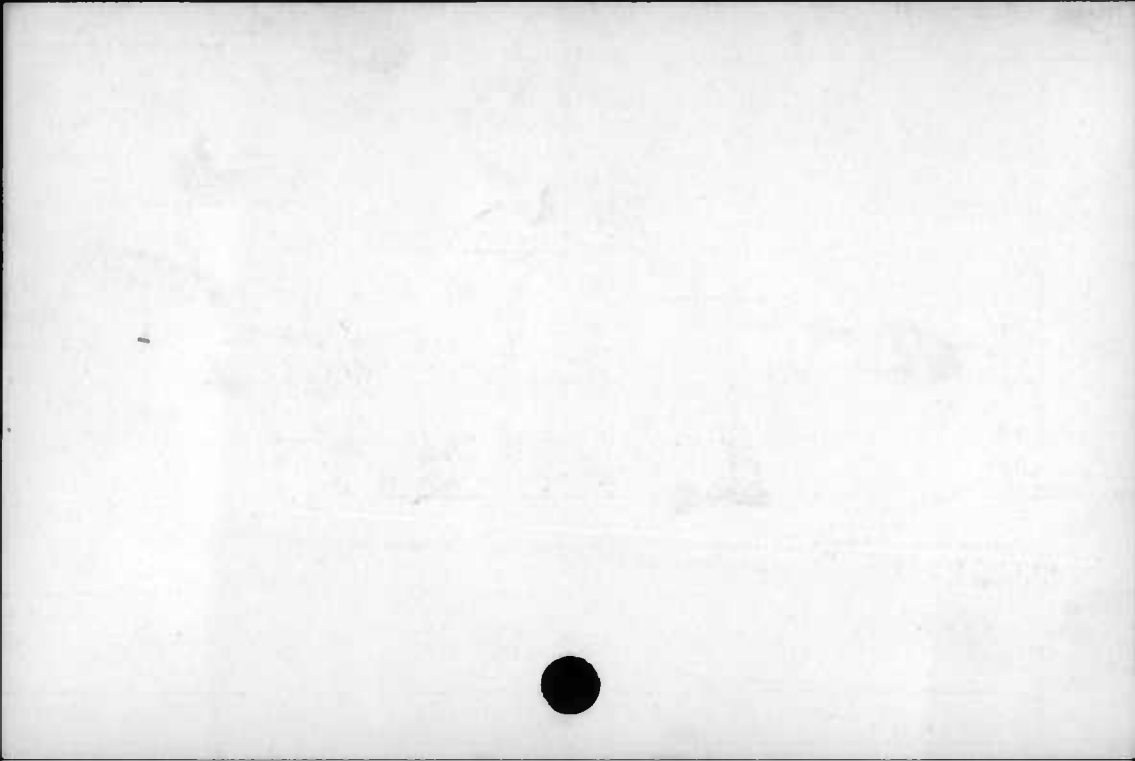
Died at ^{Town} <i>McDonogh</i>		^{County} <i>Baltimore</i>		MARYLAND	
Date of death	1908	Month	3	Day	15
Age		Years	55	Months	—
Sex	Male	Color or Race	Gold	Birth-place	Maryland
Occupation	Laborer -		Where Residing if not at place of death <i>McDonogh -</i>		
Married, Single or Widowed	Married	Name of Wife or Husband	<i>Martha Stepien -</i>		
Father's Name	<i>unknown</i>		Father's Birthplace	<i>unknown</i>	
Mother's Maiden Name	<i>unknown</i>		Mother's Birthplace	<i>unknown</i>	
Name of person giving information	<i>Felix B. Pye</i>		How related to deceased	<i>none</i>	

CAUSES OF DEATH

48

PHYSICIAN
OR CORONER

Primary	<i>Rheumatism, post operative</i>	How long	<i>3 months</i>
Immediate	<i>Exhaustion</i>	How long	<i>2 weeks -</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes -</i>		<i>Henry A. Haydon</i>	
		Address	
		<i>Pikesville,</i>	
Accident or Suicide?		<i>Mayland</i>	



Name
in
Full

CERTIFICATE OF DEATH

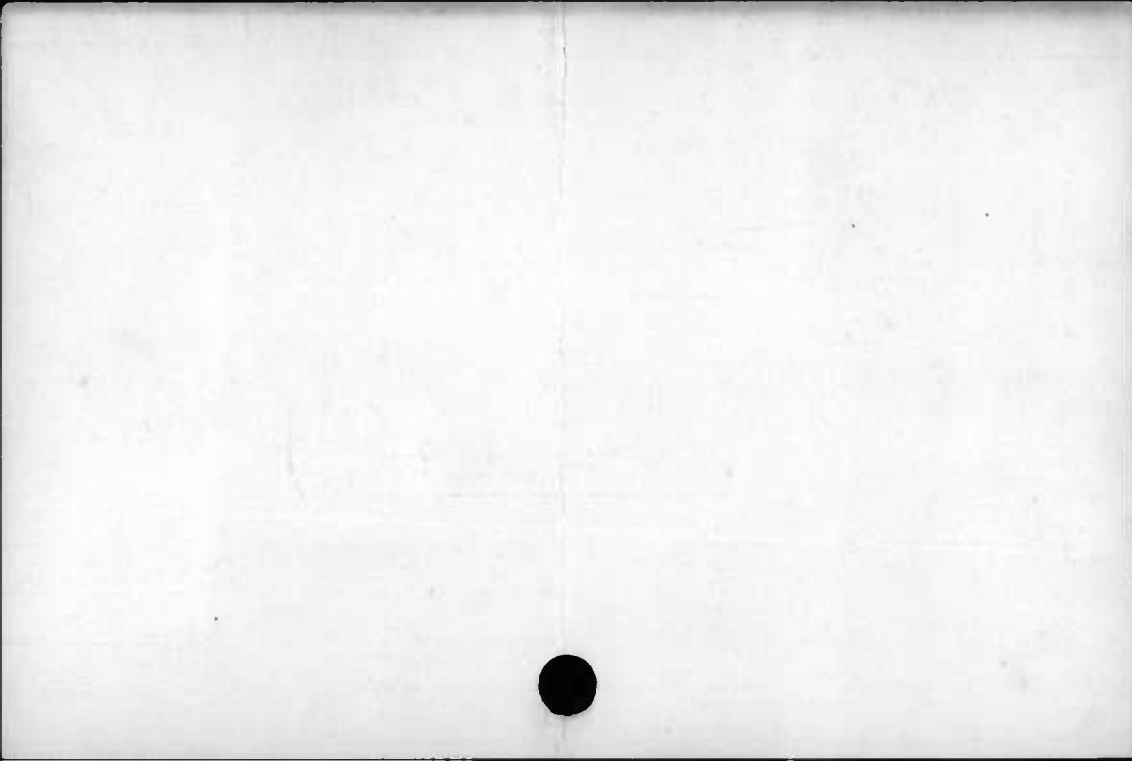
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hamilton</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death	1908	Month	13	Day	7
Sex	Female	Color or Race	white	Birth-place	Hamilton
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Andrew J. Parr			Father's Birthplace	Baltimore
Mother's Maiden Name	Mary A. Schuching			Mother's Birthplace	Baltimore
Name of person giving information	Andrew J. Parr			How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Stroke</i>	How long	
Immediate	<i>Stroke</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	<i>George A. Long (M.D.)</i>
		Address	<i>Hamilton, Md</i>
Accident or Suicide?	No		



Name
in
Full

Pflager

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

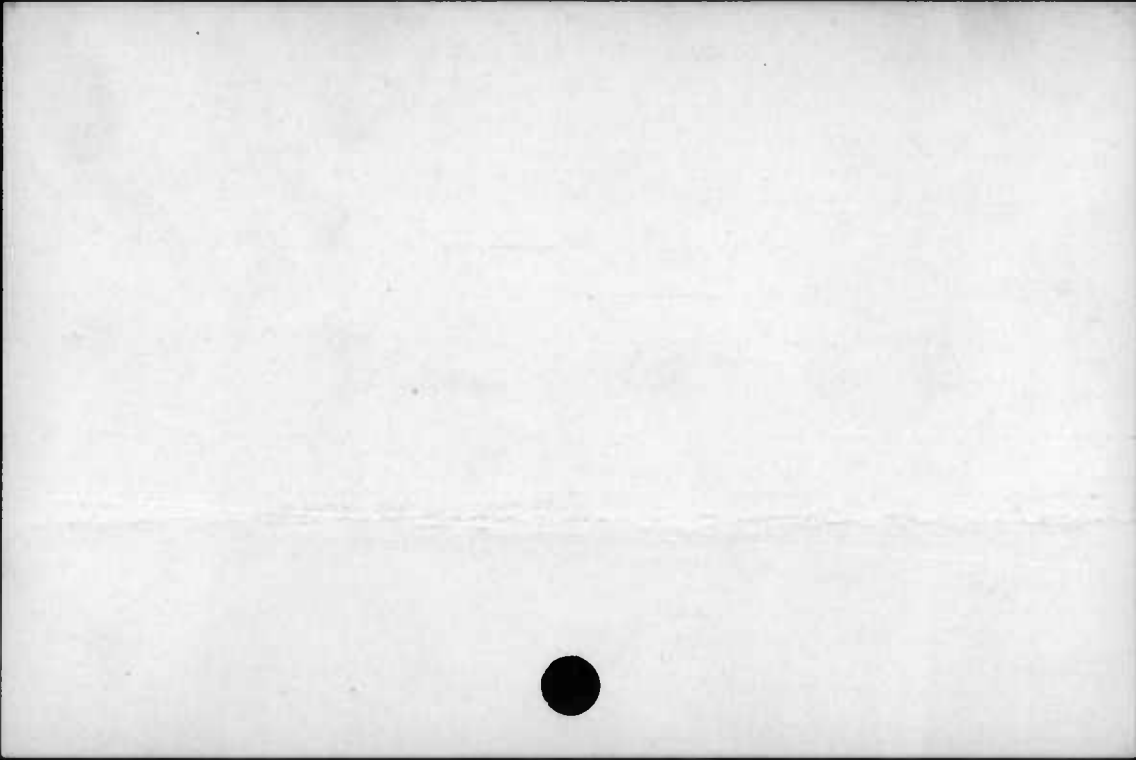
Died at <i>Westport</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death	1908	Month	March	Day	6
Age	Years		Months	Days	
Sex	<i>F.</i>		Color or Race	<i>W.</i>	
Occupation	<i>None</i>		Birth-place	<i>Westport, Balt. Co.</i>	
Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		<i>Louis Pflager</i>		Father's Birthplace	
Mother's Maiden Name		<i>Mary</i>		Mother's Birthplace	
Name of person giving information		<i>Irene Pflager</i>		How related to deceased	
				<i>Mother</i>	

CAUSES OF DEATH

71

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Infantile convulsions</i>	How long <i>2 hours.</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
<i>Yes</i>	<i>C. M. Brannin M.D.</i>
	Address
	<i>400 Hancock St</i>
	<i>Baltimore.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

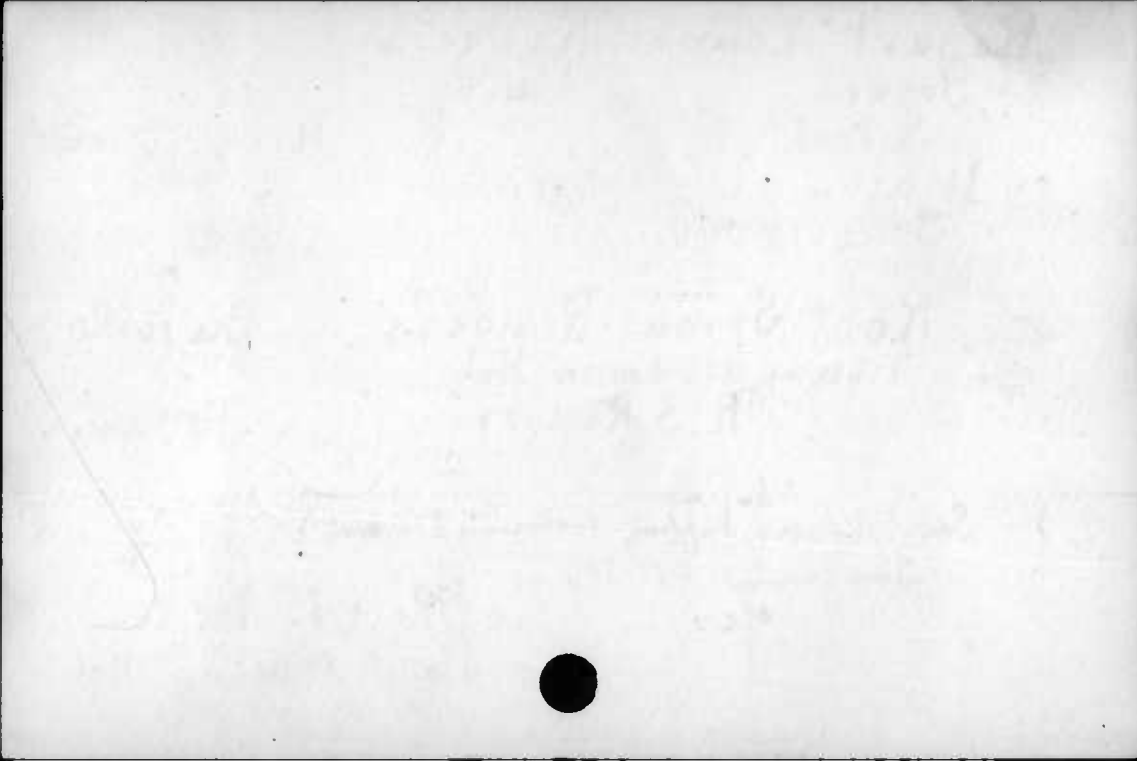
MARYLAND

Died at ^{Town} *Leatonsville* ^{County} *Bullo*Date of death *1908* ^{Month} *March* ^{Day} *21* ^{Years} *49* ^{Months} ^{Days} Sex *Male* Color or Race *White* Birth-place *Maryland*Occupation *Sailor* Where Residing if not at place of death *X*Married, Single or Widowed *Single* Name of Wife or Husband *X*Father's Name *John Richardson*Father's Birthplace *Maryland*Mother's Maiden Name *Sallie Ann Kirby*Mother's Birthplace *Maryland*Name of person giving information *George H. Thompson*How related to deceased *Bro-in-law*

CAUSES OF DEATH

66

Primary *General Paresis*How long *4 yrs -*Immediate *Exhaustion*How long *1 mo.*Are the name, age, sex, color, date and place correctly given above? *Yes.*Signature of Physician *Gray Nide*Address *Leatonsville, Md*Accident or Suicide? *No*



Name in Full **Robert Lawson Rodgers**

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at **Govane** Town **Balto** County
MARYLAND
 Date of death **1908** Month **March** Day **18** Age **6** Years **6** Months **11** Days
 Sex **Male** Color or Race **White** Birth-place **Govane.**
 Occupation **Schoolboy** Where Residing if not at place of death
 Married, Single or Widowed **Single** Name of Wife or Husband
 Father's Name **Robt Sproul Rodgers** Father's Birthplace **Balto Co**
 Mother's Maiden Name **Margare Lawson Hoe** Mother's Birthplace **Silverpool England**
 Name of person giving information **R. S Rodgers** How related to deceased **Father.**

CAUSES OF DEATH

7

PHYSICIAN
OR CORONER

Primary **Scarlet fever. Influenza Pneumonia** How long **15 days**
 Immediate **Toxemia of Scarlet fever** How long **1 week**
 Are the name, age, sex, color, date and place correctly given above? **yes**
 Signature of Physician **Geo. H. Hoe**
 Address **Sta H. Balto, Md**
 Accident or Suicide?

Presbyterian Cemetery

March 19/08

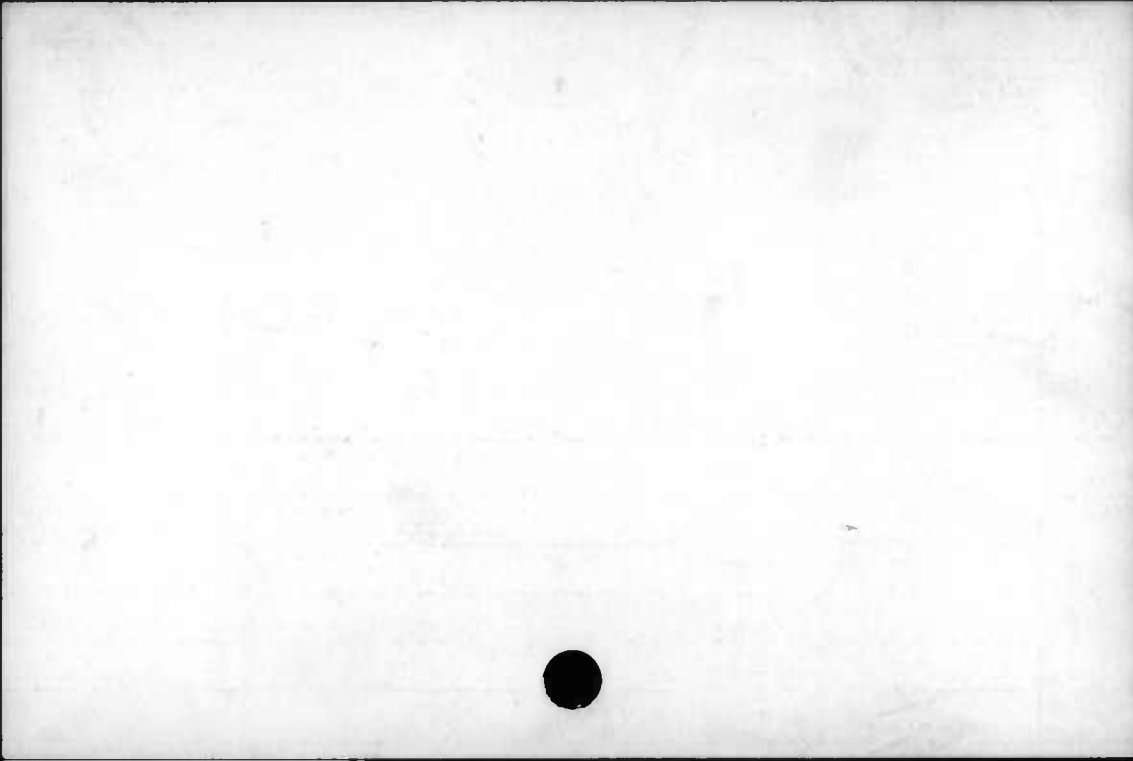
N. C. Windefield

Entertainment
St Joseph Court
Belair
Road

Geo. W. Grammer
undertaken

Name In Full		Edward Savage				CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at		Cherry Hill		Baltimore		MARYLAND			
	Date of death		1908	Month	March	Day	7	Age	8	
							Months	3	Days	12
	Sex		male		Color or Race		Colored		Birth-place	Cherry Hill
	Occupation		none		Where Residing if not at place of death		Cherry Hill			
	Married, Single or Widowed		Single		Name of Wife or Husband		—			
	Father's Name		Edward Savage		Father's Birthplace		Cherry Hill			
	Mother's Maiden Name		Rosa Agel		Mother's Birthplace		Cherry Hill			
Name of person giving information		Edward Savage		How related to deceased		Father				
CAUSES OF DEATH										
PHYSICIAN OR CORONER	Primary		Tubercular phthisis				How long		2 months	
	Immediate		Hemorrhage of lung				How long			
	Are the name, age, sex, color, date and place correctly given above?		yes				Signature of Physician		R. Williams	
							Address		mt Wincos Md.	
	Accident or Suicide?									

27



Name
in
Full

Raymond Savage

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

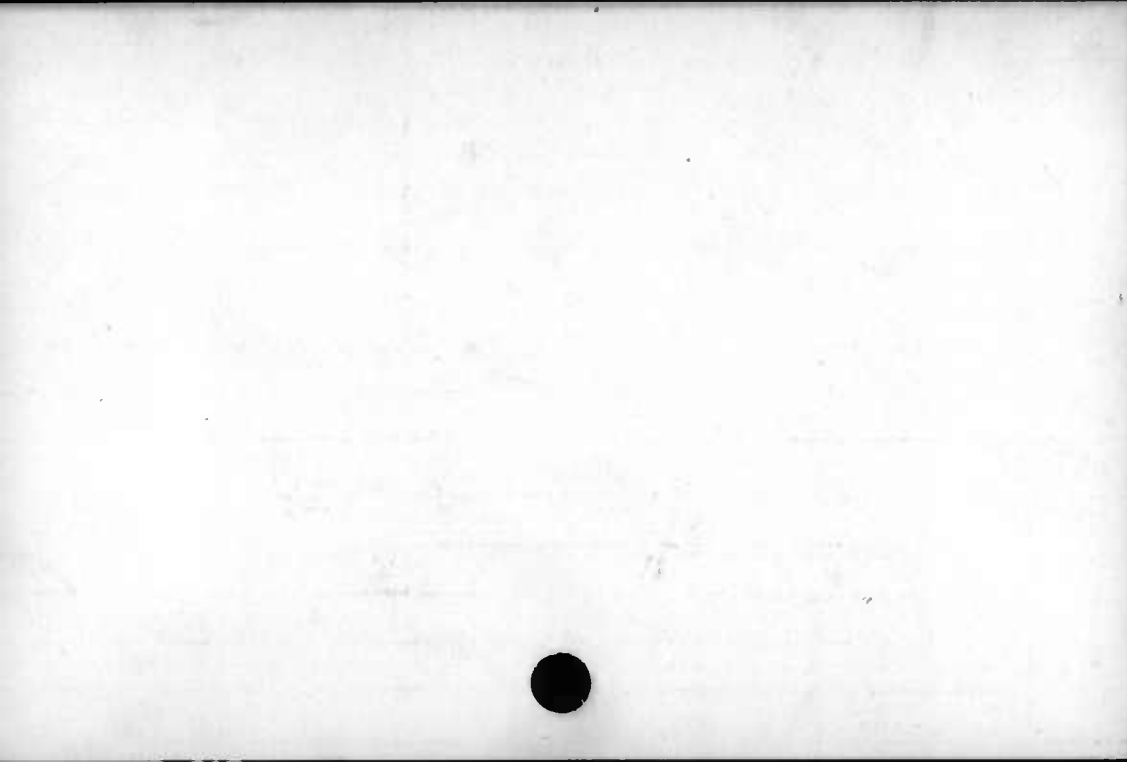
Died at <i>Int Winans</i> ^{Town.}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death <i>1908</i>	Month <i>Mar.</i>	Day <i>4</i>	Age <i>3</i> Years	Months <i>9</i>	Days <i>none</i>
Sex <i>male</i>	Color or Race <i>Col red</i>		Birth-place <i>Westport</i>		
Occupation <i>none</i>		Where Residing if not at place of death <i>Westport</i>			
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>Child</i>				
Father's Name <i>Ed Savage</i>	Father's Birthplace <i>Westport</i>				
Mother's Maiden Name <i>Rosa Agel</i>	Mother's Birthplace <i>Westport</i>				
Name of person giving information <i>Ed Savage</i>		How related to deceased <i>father</i>			

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Pulmonary Stethosis</i>	How long
Immediate	<i>Hemorrhage of Lung</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>R. Glanville</i>
		Address <i>Int Winans</i>
Accident or Suicide?		<i>Ind.</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

John Henry Scarff		Town		County		MARYLAND							
Died at		Govan		Baltimore									
Date of death		1908	Month	March	Day	11	Age	56	Years	11	Months	24	Days
Sex		Male		Color or Race		White		Birth-place		Harford Co., Md.			
Occupation		Physician		Where Residing if not at place of death									
Married, Single or Widowed		Married		Name of Wife or Husband		Elenora B. Scarff							
Father's Name		Joshua Hardisty Scarff		Father's Birthplace		Taylor, Harford Co.							
Mother's Maiden Name		Elizabeth H. Baldwin		Mother's Birthplace		Maryland							
Name of person giving information		Charles R. Scarff		How related to deceased									

CAUSES OF DEATH

Primary

Nephritis

120

How long

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

John Evans, M.D.
602 Bator Ave
Baltimore

Accident or Suicide?

Blank

PHYSICIAN
OR CORONER



Name
in
Full

Gustav A. Scholer Baltimore

46a
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at		Belvium		County		Baltimore		MARYLAND				
Date of death		1908	Month	March	Day	29th	Age	16	Months	6	Days	12
Sex		Male		Color or Race		white		Birth-place		Baltimore		
Occupation						Where Residing if not at place of death						
Married Single						Name of Wife or Husband						
Father's Name						Gustav A Scholer						
Mother's Maiden Name						Margarett Biedenbach						
Name of person giving information						Gustav A. Scholer						
Father's Birthplace						Germany						
Mother's Birthplace						Baltimore						
How related to deceased						Father						

CAUSES OF DEATH

69

PHYSICIAN
OR CORONER

Primary	Epilepsy	How long	Five Years
Immediate	Heart failure	How long	one hour
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Wm. F. Clayton	
Address		Gardenville Md	
Accident or Suicide?		no	
		Joseph A. Keumayer J.P.	

St Matthews Cemetery
March 31st 1908.

CHRISTIAN MILLER.
UNDERTAKER & EMBALMER
2324 Jefferson St. N. W. Cor. Montford Ave.
Baltimore Md.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

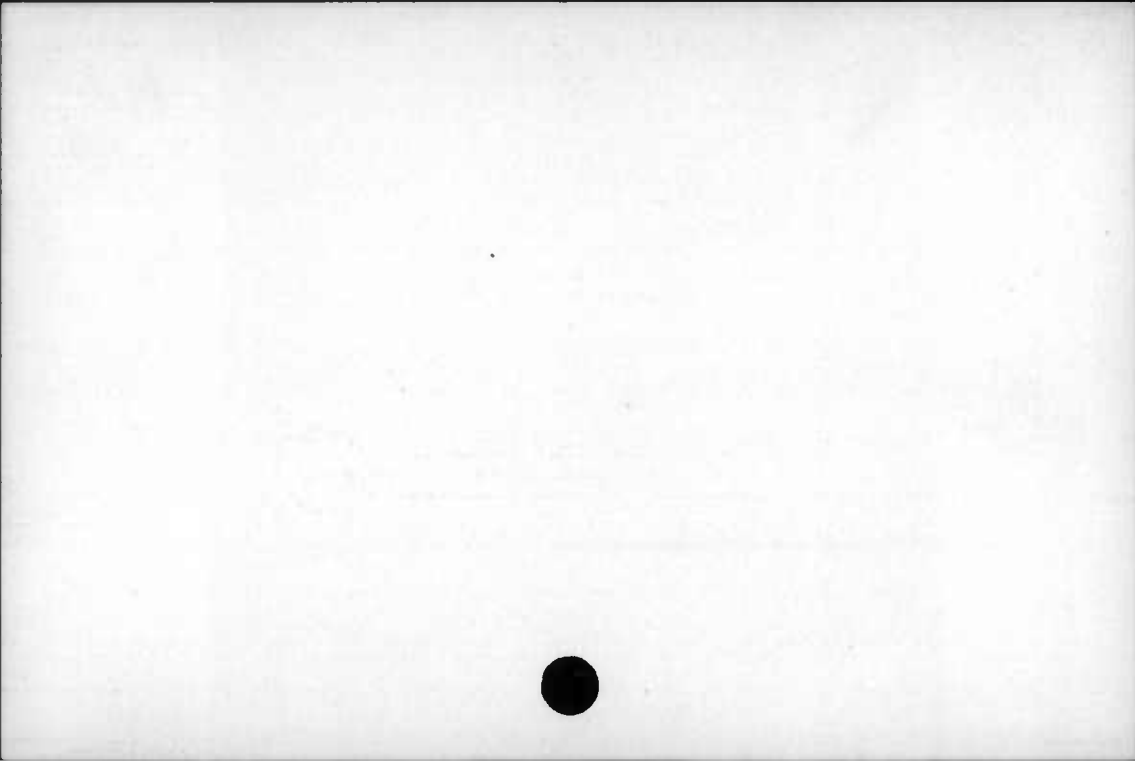
Died at <i>Harry Hall,</i>		Town <i>Balti.</i>		County		MARYLAND					
Date of death <i>1908</i>		Month <i>3</i>		Day <i>13</i>		Years <i>83</i>		Months <i>8</i>		Days <i>1</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Germany</i>							
Occupation <i>Farmer</i>				Where Residing if not at place of death <i>Same -</i>							
Married, Single <i>Married</i>		Name of Wife or Husband <i>Catherine Seidl</i>									
Father's Name <i>Fr. Seidl</i>		Father's Birthplace <i>Germany</i>									
Mother's Maiden Name <i>Waldburga</i>		Mother's Birthplace <i>Germany</i>									
Name of person giving information <i>Bart Seidl</i>		How related to deceased <i>Son</i>									

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	<i>Apoplexy + Heart Disease</i>	How long	<i>few days</i>
Immediate	<i>..</i>	How long	<i>..</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. F. H. Gossuch,</i>	
<i>Yes</i>		Address <i>Fork, Md.</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *John Shroyer*
*Ballo. Co. Alleshouse*Date of death *1902* *3* *21* *68* *—* *—*Sex *Male* Color or Race *White* Birth-place *Buckleyville, Md.*Occupation *farm-hand* Where Residing if not at place of deathMarried, Single or Widowed *Single* Name of Wife or Husband *Annie Shroyer*Father's Name *George Shroyer*Father's Birthplace *Pa.*Mother's Maiden Name *Martha Hallerick*Mother's Birthplace *Parkton, Md.*Name of person giving information *Annie Shroyer*How related to deceased *wife*

CAUSES OF DEATH

(63)

Primary

Bulbar Paralysis

How long

about a year

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Thos. C. Bussey M.D.

Address

Peters Md.

Accident or Suicide?

Sator Cemetery

Frederick L. L. L. L.
Elvan

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Highlandtown* *Baltimore*

Date of death 190*8* Month *3* Day *26* Age *—* Years Months *6 mo* Days *—*

Sex *Male* Color or Race *White* Birth-place *Highlandtown*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *John Schubert -* Father's Birthplace *Germany -*

Mother's Maiden Name *Rosa Helger -* Mother's Birthplace *Germany -*

Name of person giving information *John Schubert -* How related to deceased *Brother*

CAUSES OF DEATH

Primary *Still born -* How long *—*

Immediate *Dead in Uter -* How long *—*

Are the name, age, sex, color, date and place correctly given above? *yes -*

Signature of Physician *Wojciech Hoenig*
Address *42nd 903*

Accident or Suicide? *—*

Sacred Heart
Cemetery—

March 26th/88.

Name
in
Full

Beatrice Seash

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Maeruen</u> Town		<u>Balt</u> County		MARYLAND	
Date of death <u>1908</u>	Month <u>March</u>	Day <u>25th</u>	Age <u>16</u> Years	Months <u>9</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>Green</u>		Birth-place <u>Baltimore</u>		
Occupation <u>Sewing Machine operator</u>			Where Residing if not at place of death <u>Andrew Home for both</u>		
Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Not Known</u>			Father's Birthplace <u>Unknown</u>		
Mother's Maiden Name <u>—</u>			Mother's Birthplace <u>Unknown</u>		
Name of person giving information <u>Sister of Andrew Home</u>			How related to deceased <u>Not at all</u>		

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <u>Endocarditis</u>	How long <u>19 days</u>
Immediate <u>Sudden Heart failure</u>	How long <u>See Medical</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>W. Winsey M. D.</u>
	Address <u>1220 E. Fayette -</u>
Accident or Suicide? <u>—</u>	

Removal to.

Horace Jones (Mrs)
214 E. Stickney St.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

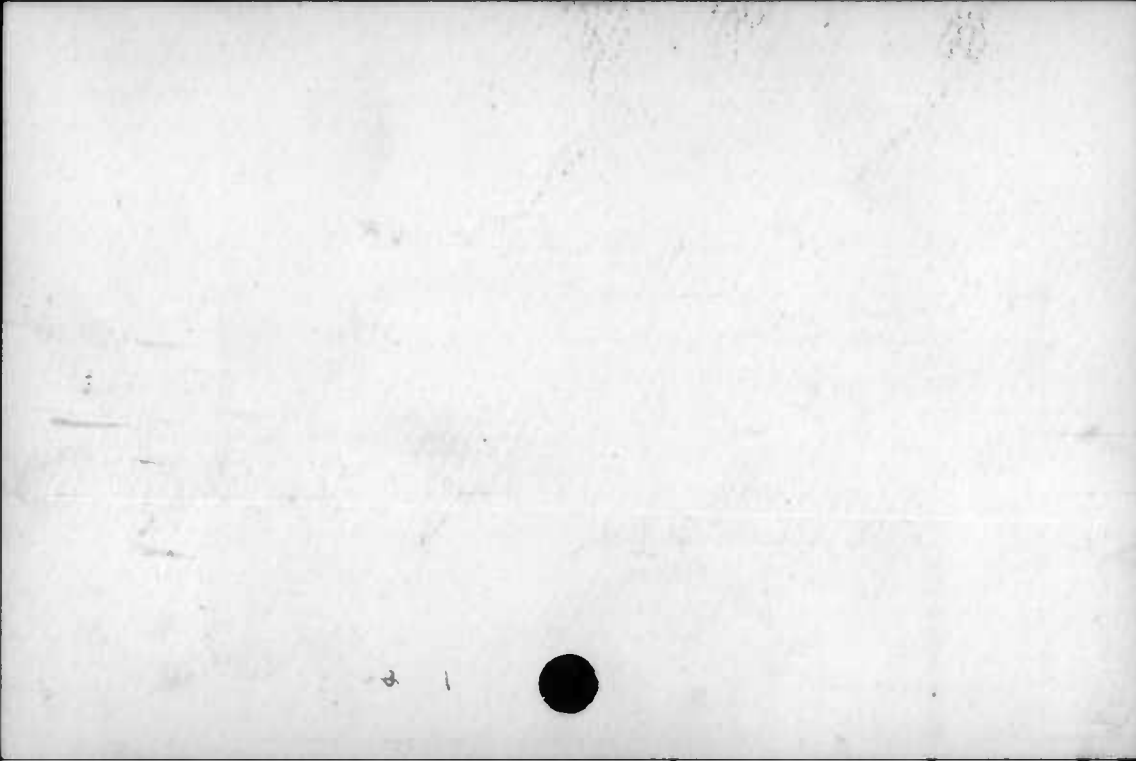
Name <i>John Smith</i>		Town <i>Rossville</i>		County <i>Baltimore Co.</i>		State <i>MARYLAND</i>	
Died at <i>Rossville</i>		Date of death <i>1908 March 28</i>		Age <i>55</i>		Months <i>—</i> Days <i>—</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Germany</i>			
Occupation <i>Laborer</i>		Where Residing if not at place of death <i>Rossville</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Unknown</i>					
Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>					
Name of person giving information <i>John Foerbeck</i>		How related to deceased <i>none</i>					

CAUSES OF DEATH

104

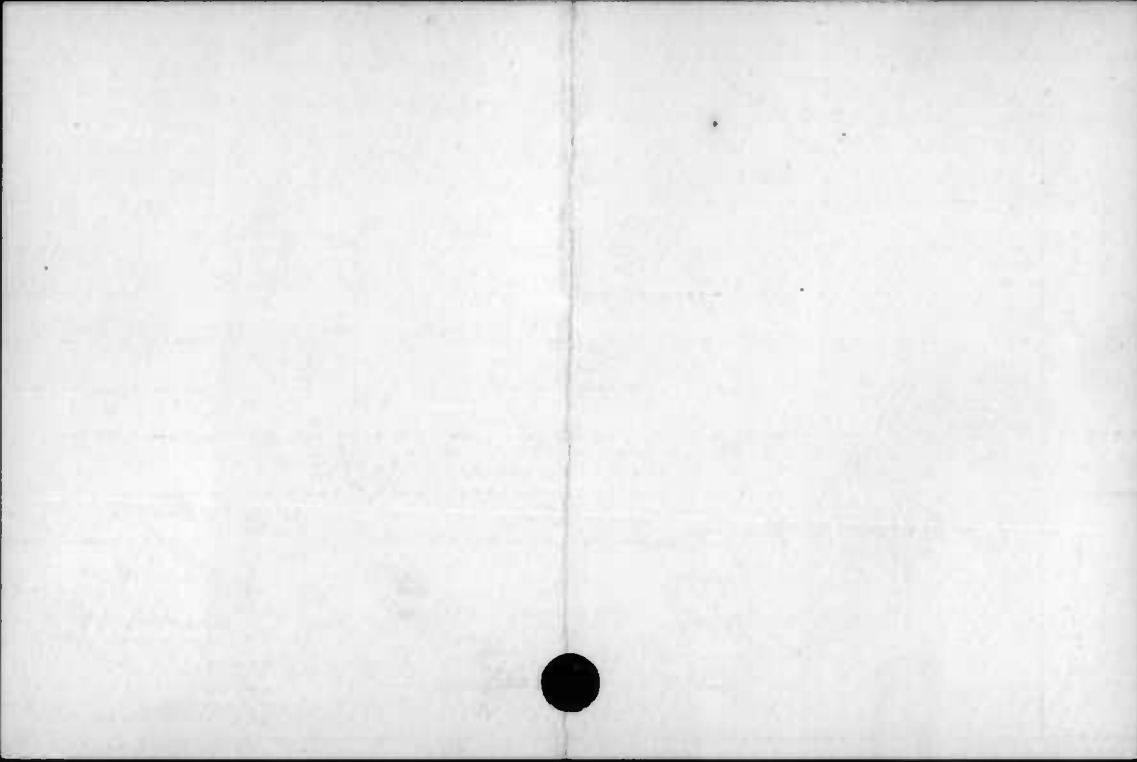
PHYSICIAN
OR CORONER

Primary <i>Stomach Trouble,</i>	How long <i>104</i>
Immediate <i>Cholera</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>John Gettman, J.P.</i>
	Address <i>Rossville, Md.</i>
Accident or Suicide? <i>Natural death</i>	



Name in Full Samuel Smith		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at Phyllis Town		County Malto
	Date of death 1908 Month March Day 28		Age 64 Years Months Days
	Sex Male	Color or Race African	Birth-place Ungvar
	Occupation Laborer	Where Residing if not at place of death Lorrvilla Md	
	Married, Single or Widowed unknown	Name of Wife or Husband unknown	
	Father's Name unknown	Father's Birthplace unknown	
	Mother's Maiden Name unknown	Mother's Birthplace unknown	
Name of person giving information Harvey Sutton		How related to deceased Employer	
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary Accident (Runaway horse)	How long 2 minutes	
	Immediate Fracture of base of skull	How long immediate	
	Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Dr. B. P. Gussner	
		Address Cockyville Md	
Accident or Suicide? Accident			

164



Name
in
Full

Annie Stahl

CERTIFICATE OF DEATH

Died at		Town Highlandtown		County Baltimore		MARYLAND	
Date of death		Month 1908	Day 3	Age 19	Years —	Months —	Days 6
Sex Female		Color or Race White		Birth-place Baltimore			
Occupation none				Where Residing if not at place of death 1309 - 4 th St.			
Married, Single or Widowed —		Name of Wife or Husband —					
Father's Name Geo. Stahl				Father's Birthplace Baltimore			
Mother's Maiden Name Annie Prall				Mother's Birthplace " do			
Name of person giving information Geo. Stahl				How related to deceased Father			

CAUSES OF DEATH

150

PHYSICIAN OR CORONER	Primary	Congenital Malformation of Heart		How long	5 days
	Immediate	Convulsion		How long	6 hours
	Are the name, age, sex, color, date and place correctly given above?		Yes		
	Signature of Physician		Jas. L. Smart		
Address		3 + Gough			
Accident or Suicide?		No			
		Styhl and Son, 2nd			

1st Gen. Ev. Cemetery

Henryson

3/~~17~~/08
20/

Name
In
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Died at <i>Wt Stone Remiah</i>		County <i>Baltimore</i>	
Date of death <i>1908</i>	Month <i>March</i>	Day <i>16th</i>	Age <i>67</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Va.</i>	
Occupation <i>Living man</i>	Where Residing if not at place of death <i>Richmond Va</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>not known</i>		
Father's Name <i>not known</i>	Father's Birthplace <i>not known</i>		
Mother's Maiden Name <i>11</i>	Mother's Birthplace <i>not known</i>		
Name of person giving information <i>Reed Wt Stone Remiah</i>	How related to deceased <i>not at all</i>		

CAUSES OF DEATH

64

Primary <i>Paralysis -</i>	How long <i>5 or 6 yrs</i>
Immediate <i>Ex. Cerebral Hem -</i>	How long <i>abt 1 week -</i>
Are the name, age, sex, color, date and place correctly given above <i>yes</i>	Signature of Physician <i>Frank J. Flannery</i>
	Address <i>Wt Stone Remiah</i>
Accident or Suicide? <i>no</i>	<i>Wt Stone Remiah</i>



Name
in
Full

Rosie Lee Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Parkton</i> <small>Town</small>		<i>Balt</i> <small>County</small>		MARYLAND	
Date of death	<i>1908</i> <small>Month</small>	<i>3</i> <small>Day</small>	Age <i>9</i> <small>Years</small>	<i>4</i> <small>Months</small>	<i>12</i> <small>Days</small>
Sex	<i>Male</i>		Color or Race	<i>White</i>	
Occupation	<i>—</i>		Birth-place	<i>Md</i>	
Where Residing if not at place of death			<i>—</i>		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name	<i>Mathias Thomas</i>			Father's Birthplace	<i>Germany</i>
Mother's Maiden Name	<i>Hester A. Bayo</i>			Mother's Birthplace	<i>Md</i>
Name of person giving information	<i>Mathias Thomas</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

101

PHYSICIAN
OR CORONER

Primary	<i>Follicular Tonsilitis</i>		How long	<i>3 weeks</i>
Immediate	<i>Acute Indigestion</i>		How long	<i>1 day</i>
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	Signature of Physician	<i>R. R. Norris</i>
		Address	<i>Parkton Md</i>	
Accident or Suicide?		<i>—</i>		

(129)



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Lettie Thompson

Died at *Fruitland* TownCounty *Baltimore*

MARYLAND

Date of death *1908* Month *March*

Day

Age

Years

Months *9*Days *23*Sex *Female*Color or
Race*White*Birth-
place*Maryland*

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's Name *William Thompson*Father's Birthplace *England*Mother's Maiden Name *Gennie Bohern*Mother's Birthplace *Maryland*Name of person giving
In formation *William Thompson*How related
to deceased *Mother*

CAUSES OF DEATH

10Primary *Grip-*How long *Five days*Immediate *Pneumonia*How long *3 days*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*Joseph S. Baldwin*

Address

*Fruitland
Baltimore Md*

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Oster Uttenreiter

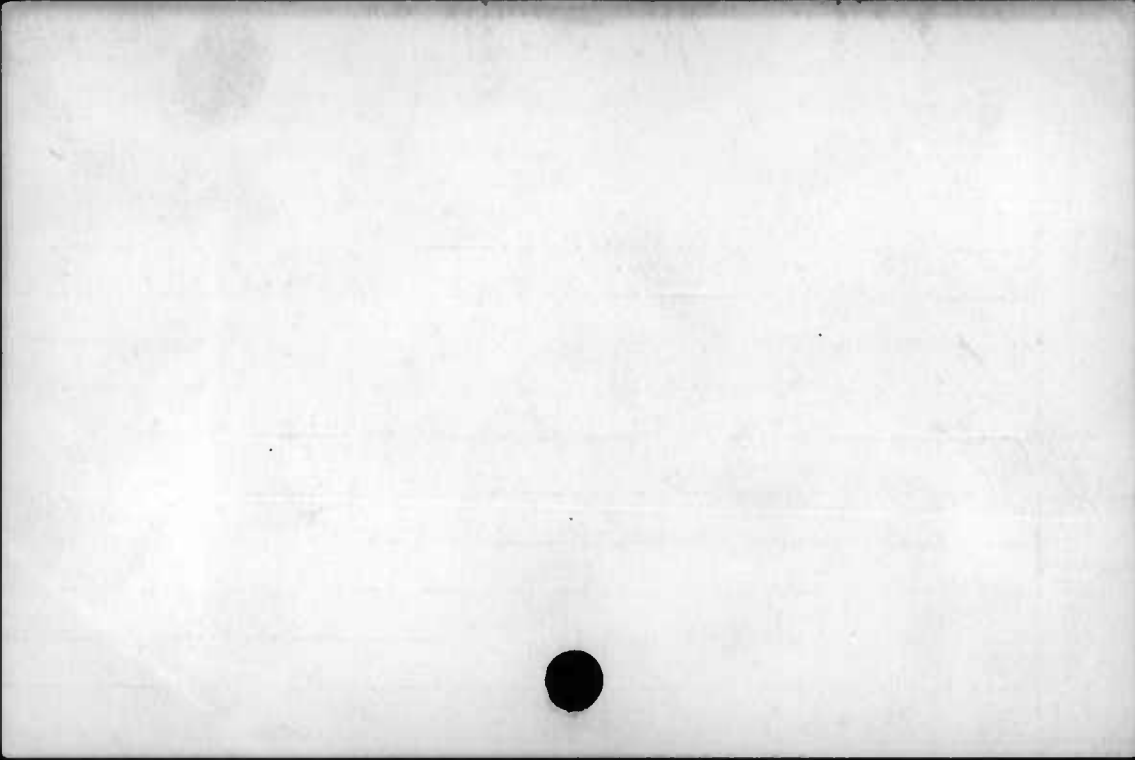
Died at ^{Town} 3rd house shore ^{County} Balto.

MARYLAND

Date of death 1908 ^{Month} March ^{Day} 10 ^{Years} Age 63 ^{Months} ^{Days}Sex Male ^{Color or Race} White ^{Birth-place} GermanyOccupation ^{Where Residing if not at place of death}Married, Single or Widowed Married ^{Name of Wife or Husband} Margaret UttenreiterFather's Name — not known ^{Father's Birthplace} GermanyMother's Maiden Name — " ^{Mother's Birthplace} GermanyName of person giving information Margaret Uttenreiter ^{How related to deceased} Wife

CAUSES OF DEATH

Primary Electric car, severe internal accident ^{How long} 79Immediate Injury from accident ^{How long} 2 yrsAre the name, age, sex, color, date and place correctly given above? Yes ^{Signature of Physician} Wm D CorrieCalculus disease ^{Address} GardenvilleAccident or Suicide? of Leash ^{2nd}



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Shickasevill</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death	1908	Month	March	Day	20
Age	46	Years		Months	
Sex	Woman	Color or Race	White	Birth-place	Maryland
Occupation	house keeper	Where Residing if not at place of death <i>Shickasevill</i>			
Married, Single or Widowed	Married	Name of Wife or Husband <i>Mary E. Vaughn</i>			
Father's Name	<i>B. F. Shickasevill</i>			Father's Birthplace	Maryland
Mother's Maiden Name	<i>M. E. Carroll</i>			Mother's Birthplace	Maryland
Name of person giving information	<i>Samuel Reddick</i>			How related to deceased	

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	<i>Parachymatous infarction</i>	How long	<i>1 year</i>
	<i>Intestinal Regurgitation</i>	How long	<i>20 years</i>
Immediate	<i>Carotid Arteries</i>		<i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>A. C. Smith</i>	
		Address <i>Woodlawn St. Md.</i>	
Accident or Suicide?			

Goodlaw Cemetery

Jos B Cook \

Name
in
Full

Rightnel Watkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

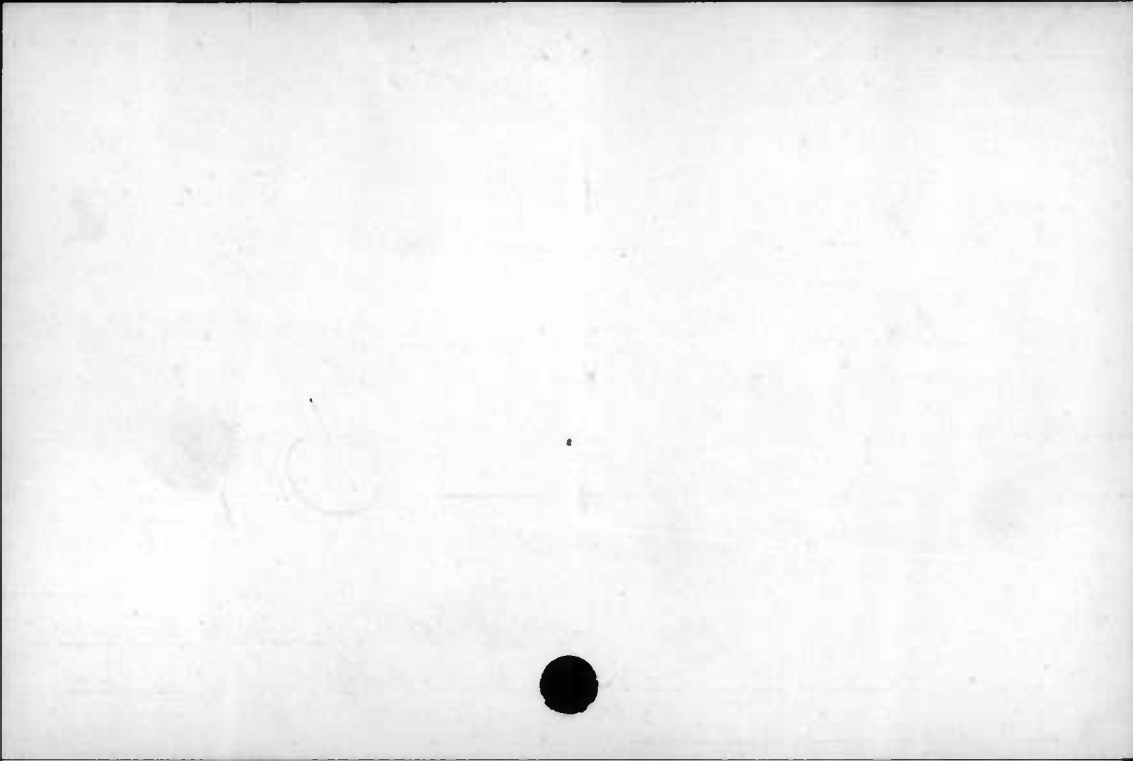
Died at <i>Sparrow Point</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death <i>1908</i>	<i>March</i> ^{Month}	<i>4th</i> ^{Day}	Age <i>26</i> ^{Years}	Months	Days
Sex <i>Male</i>	Color or Race <i>colored</i>		Birth-place <i>Virginia</i>		
Occupation <i>Laborer</i>			Where Residing if not at place of death <i>Sparrow Point</i>		
Married Single			Name of Wife or Husband _____		
Father's Name <i>Arthur Watkins</i>			Father's Birthplace <i>Va</i>		
Mother's Maiden Name <i>Briney Pelham</i>			Mother's Birthplace <i>Va</i>		
Name of person giving information <i>Wm Watkins</i>			How related to deceased <i>Brother</i>		

CAUSES OF DEATH

18

PHYSICIAN
OR CORONER

Primary <i>Facial Erysipelas</i>	How long <i>1 WEEK</i>
Immediate <i>Acute Meningitis</i>	How long <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. B. McCormick M.D.</i>
Accident or Suicide? <i>No</i>	Address <i>Sparrow Point Md.</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Banton</u> ^{Town}		<u>Baltimore</u> ^{County}		MARYLAND	
Date of death	<u>1908</u> ^{Month}	<u>March</u> ^{Day}	<u>21</u> ^{Age}	<u>9</u> ^{Years}	<u>6</u> ^{Months}
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birth-place	<u>Balto Co Md</u>
Occupation	<u>None</u>		Where Residing if not at place of death <u>824 S Blinden st</u>		
Married, Single or Widowed	<u>—</u>		Name of Wife or Husband <u>—</u>		
Father's Name	<u>Charles F. Weaver</u>			Father's Birthplace	<u>Balto Co Md</u>
Mother's Maiden Name	<u>Elizabeth Law</u>			Mother's Birthplace	<u>Balto Co Md</u>
Name of person giving information	<u>Elizabeth Weaver</u>			How related to deceased	<u>Mother</u>

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary	<u>Run over by Wagon</u>	How long	<u>—</u>
Immediate		How long	<u>—</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of	<u>David A. Thompson, Coroner</u>
		Address	<u>1500 Highland Ave</u>
Accident or Suicide?	<u>Accident</u>		<u>Baltimore County Md.</u>

Mount Carmel Lem

Mar 24th 1908

J. P. Nicolaus & son
1820 Canton Ave

Name
in
Full

Sarah W. Warner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Writport		County Baltimore		MARYLAND	
Date of death		1908	Month March	Day 8	Age 35	Years	Months —
Sex female		Color or Race white		Birth-place Beltsville			
Occupation				Where Residing If not at place of death			
Married, Single or Widowed married		Name of Wife or Husband Chas H. Warner					
Father's Name Andrew Reed		Father's Birthplace Ireland.					
Mother's Maiden Name Margaret McGraw		Mother's Birthplace Ireland					
Name of person giving information Chas H. Warner		How related to deceased Husband					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Tuberculosis Pulmonal	How long 8 moos
Immediate	Gnani'tion	How long 2 weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Dr. Harry Boyd
		Address 602 Columbia h' on Baltimore, Md
Accident or Suicide?		

Burial at
Fountain Park
March 11/08.
Wm Coon Undertaker
Box E York Pa

April 13rd
602 Kalamazoo St

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Leutonsville* Town*Balto* CountyDate of death *1908* Month *March*Day *22*Age *37* Years

Months

Days

Sex *Male*Color or Race *White*Birth-place *Maryland*Occupation *Farm Laborer*Where Residing if not at place of death ☒Married, Single or Widowed *Single*Name of Wife or Husband ☒Father's Name *unk*Father's Birthplace *unk*Mother's Maiden Name *unk*Mother's Birthplace *unk*Name of person giving information *—*How related to deceased *—*

CAUSES OF DEATH

27Primary *General Paresis*How long *2 yrs.*Immediate *Pulmonary Tuberculosis*How long *2 mos.*Are the name, age, sex, color, date and place correctly given above? *Yes.*

Signature of Physician

Address *Percy Wade
Leutonsville, Md*Accident or Suicide? *No*



Name
in
Full

George S Whistler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

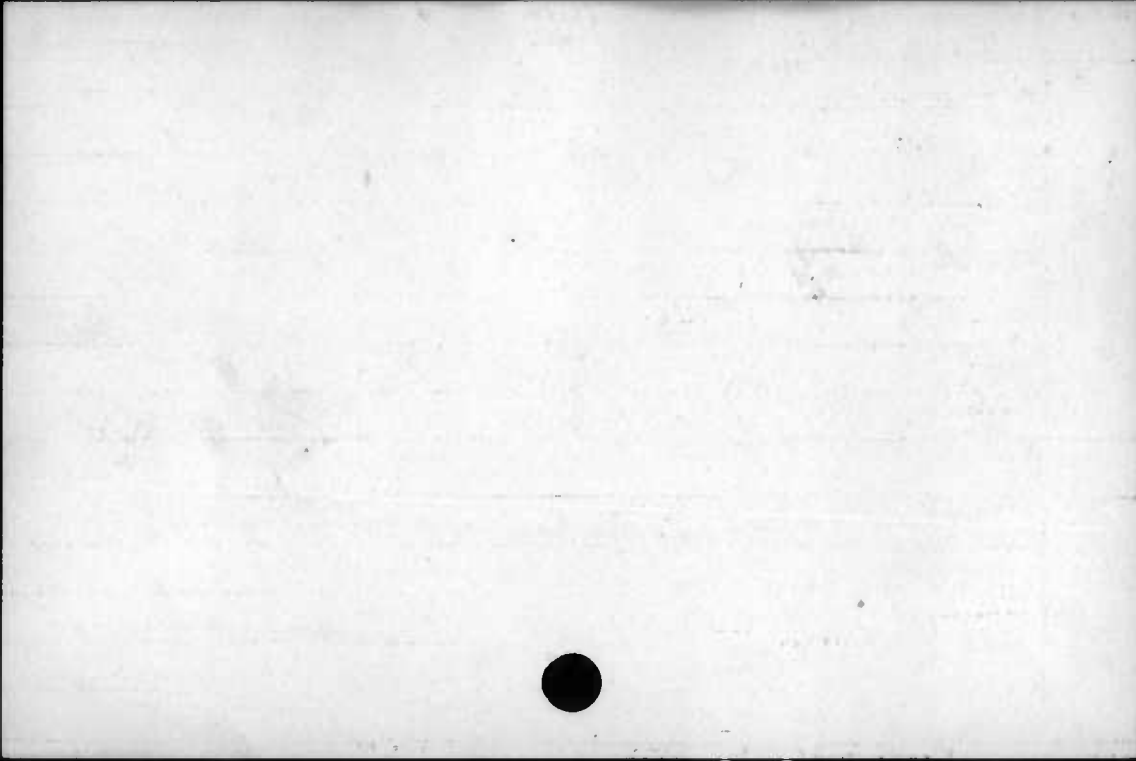
Died at <u>Mt Hope Retreat</u> ^{Town}		<u>Baltimore</u> ^{County}		MARYLAND	
Date of death <u>1908</u>	Month <u>Mar</u>	Day <u>28</u>	Age <u>57</u> Years	Months	Days
Sex <u>Male</u>		Color or Race <u>white</u>		Birth-place <u>Balto Md</u>	
Occupation <u>None</u>			Where Residing if not at place of death <u>Balto Md</u>		
Married, Single or Widowed		Name of Wife or Husband <u>not known</u>			
Father's Name <u>not known</u>			Father's Birthplace <u>not known</u>		
Mother's Maiden Name <u>" "</u>			Mother's Birthplace <u>not known</u>		
Name of person giving information <u>Reeds Mt Hope Retreat</u>			How related or deceased <u>not at all</u>		

CAUSES OF DEATH

68

PHYSICIAN
OR CORONER

Primary <u>Melancholia Chronic</u>	How long <u>over 18 yrs</u>
Immediate <u>Ex Cardiac Syncope</u>	How long
Are the name, age, sex, color, data and place correctly given above? <u>yes</u>	Signature of Physician
	Address <u>Frank J. Flannery M.D.</u> <u>Mt Hope Retreat</u>
Accident or Suicide? <u></u>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Williams, Sarah</i>		Town <i>Beltonville</i>		County <i>Poalto</i>		MARYLAND	
Died at		Date of death <i>1908 March 8</i>		Age <i>65</i>		Months <i>8</i> Days <i>8</i>	
Sex <i>Female</i>		Color or Race <i>Col'd</i>		Birth-place <i>Maryland</i>			
Occupation <i>None</i>		Where Residing if not at place of death <input checked="" type="checkbox"/>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Lenk</i>					
Father's Name <i>Lenk</i>		Father's Birthplace <i>Lenk</i>					
Mother's Maiden Name <i>Lenk</i>		Mother's Birthplace <i>Lenk</i>					
Name of person giving information <i>X</i>		How related to deceased <i>X</i>					

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <i>Dementia</i>	How long <i>19 yrs -</i>
Immediate <i>Lobar Pneumonia</i>	How long <i>7 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Percy Noble</i>
	Address <i>Beltonville, Md</i>
Accident or Suicide? <i>No</i>	



Name

in
Full

Harry Edward Windsor

CERTIFICATE OF DEATH

Died at Woodlawn

Balto - County

MARYLAND

Date of death 1908 Mar

Day 12

Age 24

Months 7

Days 12

Sex

Male

Color or
Race

White

Birth-
place

Baltimore

Occupation

Carpenter

Where Residing If not
at place of death

Woodlawn. Md

Married, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Wm Brewer Windsor

Father's
Birthplace

Montgomery Co Md

Mother's
Maiden Name

Harriet E. Dudrow

Mother's
Birthplace

Harpers Ferry

Name of person giving
Information

Edw J Lumpkin

How related
to deceasedBrother in
law

CAUSES OF DEATH

27

Primary

Acute Military Tuberculosis

How long

1 month

Immediate

Cardiac Anemia

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

A. C. Summick

Address

Woodlawn 8th Md

Accident or Suicide?

—

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Dr Charles Matfield
Catonsville

Geo J Smith
London Park

Name
in
Full

Nelson Winston

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Baton</u> Town		<u>Baltimore</u> County		MARYLAND	
Date of death	<u>1908</u> Month <u>Mar</u>	<u>7</u> Day	Age <u>43</u> Years	<u>11</u> Months	<u>22</u> Days
Sex <u>Male</u>	Color or Race <u>Colored</u>		Birth-place <u>Richmond Va</u>		
Occupation <u>Labourer</u>	Where Residing if not at place of death <u>202 Henrietta St Baltimore</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>No Wife</u>				
Father's Name <u>Unknown</u>	Father's Birthplace <u>Unknown</u>				
Mother's Maiden Name <u>Unknown</u>	Mother's Birthplace <u>Unknown</u>				
Name of person giving information <u>Barrie Baytop</u>	How related to deceased <u>None</u>				

CAUSES OF DEATH

174

PHYSICIAN
OR CORONER

Primary <u>Asphyxia by gas</u>	How long _____
Immediate _____	How long _____
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of <u>David A. Thompson</u> Coroner
	Address <u>1500 Highland Ave</u>
Accident or Suicide? <u>Accident</u>	<u>Baltimore County Md.</u>

Dr. W. E. Clannahan
618 N. Clinton St.

Indebted,

J. F. Jackson;

Idemitta St.

March. 4 / 1908.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>mt hope</i> <small>Town</small>		<i>Balto.</i> <small>County</small>		MARYLAND	
Date of death <i>1908</i> <small>Month</small>		<i>10</i> <small>Day</small>		<i>49</i> <small>Years</small>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Balto. Md</i>	
Occupation <i>none</i>		Where Residing if not at place of death <i>Beltsville Md</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>Not Known</i>			
Father's Name <i>Not Known</i>		Father's Birthplace <i>Not Known</i>			
Mother's Maiden Name <i>" "</i>		Mother's Birthplace <i>" "</i>			
Name of person giving information <i>Reeds mt hope</i>		How related to deceased <i>not at all</i>			

CAUSES OF DEATH

119

PHYSICIAN
OR CORONER

Primary	<i>Nephritis & acute</i>	How long	<i>7 weeks</i>
Immediate	<i>Heart Failure</i>	How long	<i>7 weeks</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>C. B. Enzor</i>	
		Address <i>Sta. E. Balto. Md</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Jacob R. Wood

Died at *Hamilton Rd* *Baltimore* County

MARYLAND

Date of death *1908* Month *March* Day *15* Age *67* Years Months DaysSex *Male* Color or Race *white* Birth-place *Anneriniddle Co*Occupation *Laborer* Where Residing if not at place of death *Grove Ave Hamilton*Married, Single or Widowed *Widowed* Name of Wife or HusbandFather's Name *William Wood* Father's Birthplace *Unknown*Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*Name of person giving information *Jacob. W Wood* How related to deceased *Son*

CAUSES OF DEATH

64

Primary *Apoplexy* How long *Immediate*Immediate *Apoplexy* How long *2 wks*Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

Address

George A. Long, M.D.
*Hamilton*Accident or Suicide? *No*

William Cook
502 E. North Ave

St Mary's Cemetery.
Tuesday, at 2.15 pm.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full		(Noble) Kennard		Town		County		Died at		Leatonsville		Pulth.		MARYLAND	
Date of death		1908		Month		Mich		Day		6		Age		68	
Sex		Male		Color or Race		White		Birth-place		Md		Months		Days	
Occupation		Pilot		Where Residing if not at place of death		X									
Married, Single or Widowed		Widowed		Name of Wife or Husband		Lunk.									
Father's Name		Richard Woods		Father's Birthplace		Md									
Mother's Maiden Name		Lunk		Mother's Birthplace		Lunk.									
Name of person giving information		Mrs Owens		How related to deceased		Aster									

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary		Senile Dementia		How long		4 yrs.	
Immediate		Pneumo-Pneumonia		How long		2 days.	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		J. Percy Kead	
				Address		Leatonsville, Md	
Accident or Suicide?		No.					

W. J. Dickner & Son's.
Greenmount Cemetery.

Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

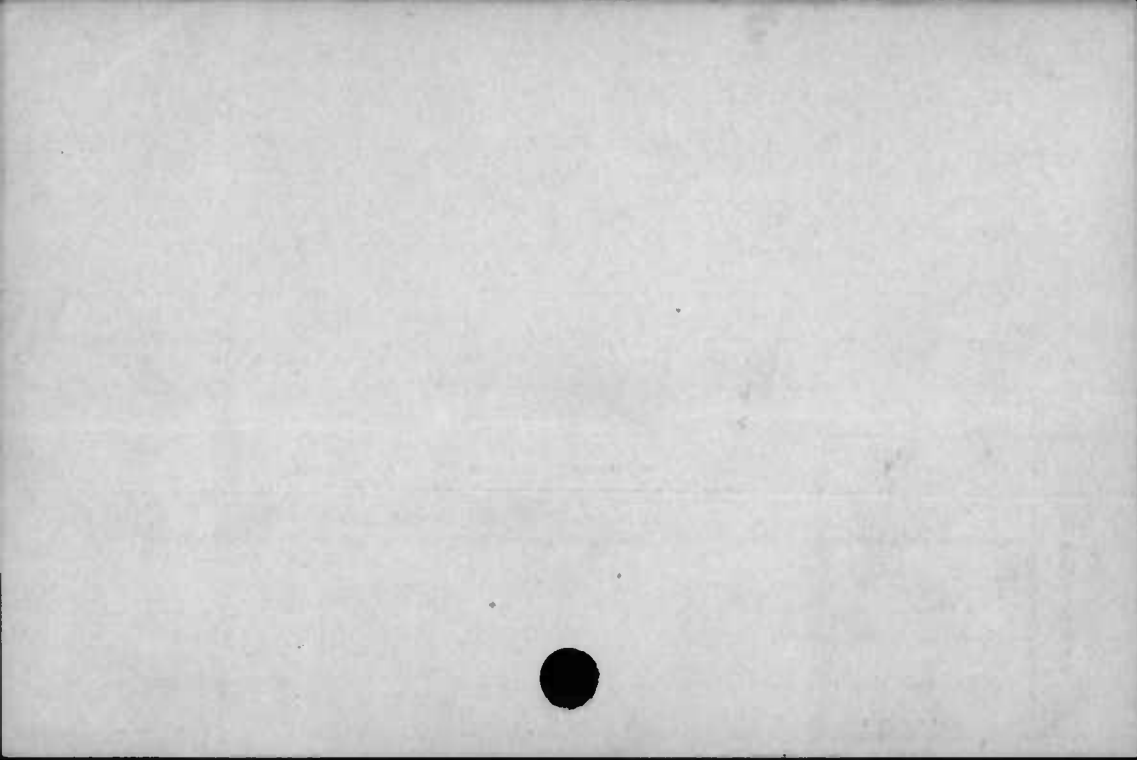
Died at <i>Relay</i> <small>Town</small>		<i>Baltimore</i> <small>County</small>		MARYLAND	
Date of death <i>1908</i>	Month <i>March</i>	Day <i>12</i>	Age <i>73</i>	Months <i>11</i>	Days <i>1</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>Relay, Md</i>				
Married, Single or Widowed	Name of Wife or Husband <i>David A. Woodward</i>				
Father's Name <i>Latty</i>	Father's Birthplace <i>France</i>				
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Unknown</i>				
Name of person giving information <i>Wm Woodward</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary <i>Age</i>	How long <i>3 years</i>
Immediate <i>Starvation & general debility</i>	How long <i>3 years</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wm R. Erickson</i>
	Address <i>Eek Ridge, Md</i>
Accident or Suicide? <i>no</i>	



Name
in
Full

Mrs Lillie B Wright

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Towson		County Baltimore		MARYLAND	
Date of death		1908	Month 3	Day 3	Age 27	Months 7	Days 19
Sex female		Color or Race White		Birth-place Georgia			
Occupation None		Where Residing if not at place of death Augusta Ga					
Married , Single or Widowed		Name of Wife or Husband X X X					
Father's Name Thomas R. Wright MD		Father's Birthplace Georgia					
Mother's Maiden Name Lillie Wilkinson		Mother's Birthplace Georgia					
Name of person giving information Dr E. W. Burt		How related to deceased None					

Committed suicide
by cutting throat with sharp razor, paralyzing

CAUSES OF DEATH

163

PHYSICIAN
OR CORONER

Primary Melancholia	How long Since Summer of 1907
Immediate Suicide	How long Immediate
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician R. C. Massenburg MD.
	Address Towson Md
Accident or Suicide?	Joseph B. Herbert Coroner Towson Md

Henry W. Jenkins & Sons Co

Place of burial Augusto Ga.

March 4th / 08

Name
in
Full

Sarah A Wright

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Near Reisterstown ^{County} Balto., Co.

MARYLAND

Date of death 1908 ^{Month} March, ^{Day} 18 ^{Years} Age 81

Months

Days

Sex Female ^{Color or Race} White ^{Birth-place} Balto. Co.Occupation - retired ^{Where Residing if not at place of death} near ReisterstownMarried, Single or Widowed Married ^{Name of Wife or Husband} Samuel A. WrightFather's Name John E Gardner ^{Father's Birthplace} Balto. Co.Mother's Maiden Name Maranda Gardner ^{Mother's Birthplace} Carroll Co.Name of person giving information Rev. Lee Wright ^{How related to deceased} Son

CAUSES OF DEATH

79

Primary Cardiac Dilatation ^{How long} 18 m. S.

Immediate

How long

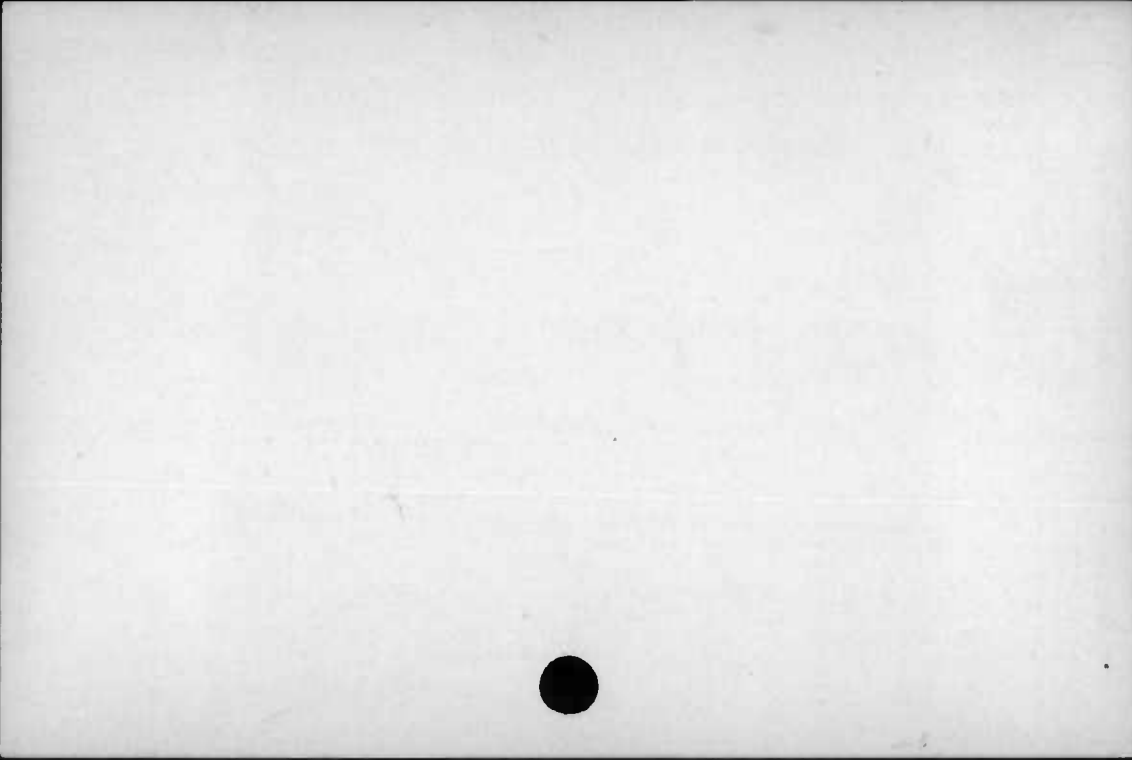
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Christina Regina Yeager

Town

County

Died at

Canton

Baltimore

MARYLAND

Date

Month

Day

Years

Months

Days

of death

1908 March

6

Age

1

7

28

Sex

Female

Color or
Race

White

Birth-
place

Balt. Co.

Occupation

None

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

John R. Yeager

Father's
Birthplace

Balt. Co.

Mother's
Maiden Name

Christina Boncick

Mother's
Birthplace

Balt. Co.

Name of person giving
Information

John R. Yeager

How related
to deceased

Father

CAUSES OF DEATH

Primary

Labor Pneumonia

How long

3 days

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

C. H. Meyer

Accident or Suicide?

—

Dr. Athey

Mt Carmel

March 3rd / 08

H. Sander & Sons

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>16 Clinton St</u> ^{Town} <u>Baltimore</u> ^{County}		MARYLAND	
Date of death	<u>1908</u> ^{Month} <u>March</u> ^{Day} <u>5</u> ^{Years} <u>62</u>	^{Months} <u>—</u>	^{Days} <u>—</u>
Sex <u>male</u>	Color or Race <u>white</u>	Birth-place <u>Germany</u>	
Occupation <u>none</u>	Where Residing if not at place of death <u>16 Clinton St</u>		
Married, Single or Widowed <u>widower</u>	Name of Wife or Husband <u>Don't know</u>		
Father's Name <u>Don't know</u>	Father's Birthplace <u>Don't know</u>		
Mother's Maiden Name <u>Don't know</u>	Mother's Birthplace <u>Don't know</u>		
Name of person giving information <u>Mrs Carrie Perouty</u>	How related to deceased <u>Daughter</u>		

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <u>Pneumonia</u>	How long <u>3 weeks</u>
Immediate <u>E. Pharyngitis</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>A. Warner</u>
	Address <u>1122 Highland Ave.</u>
Accident or Suicide? <u>no</u>	

March. 7. 1908
western cemetery
win book
502 E North Ave
Baltimore
md

Name
in
Full

Unknown

CERTIFICATE OF DEATH

Died at <i>Cella</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death	1908	Month	3	Day	11
Age		Years		Months	Days
30 1/2					
Sex	<i>Male</i>		Color or Race	<i>White</i>	
Birth-place	<i>Unknown</i>				
Occupation	<i>Unknown</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Unknown</i>		Name of Wife or Husband	<i>Unknown</i>	
Father's Name	<i>Unknown</i>			Father's Birthplace	<i>Unknown</i>
Mother's Maiden Name	<i>Unknown</i>			Mother's Birthplace	<i>Unknown</i>
Name of person giving information	<i>Coroner's Jury</i>			How related to deceased	—

CAUSES OF DEATH

164

Primary	<i>Fracture of Cervical Vertebrae</i>		How long	<i>at once</i>
Immediate	<i>Disorganization of Spinal Cord</i>		How long	<i>at once</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician	<i>Henry B. Whitelap</i>
		Address	<i>Catonsville, Md</i>	
<i>Accident - Electric Car</i>			<i>Coroner</i>	
Accident or <i>Crime</i> ?				

PUNISHED
CORNER

131



Name in Full		Unknown Negro				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Sparrows Point		County Baltimore		MARYLAND	
	Date of death	1908	Month Mar	Day 27	Age	Years about 40	Months Days
	Sex	Male		Color or Race	Negro		Birth-place Unknown
	Occupation	Unknown		Where Residing if not at place of death		Unknown	
	Married, Single or Widowed	Unknown		Name of Wife or Husband		Unknown	
	Father's Name	Unknown				Father's Birthplace Unknown	
	Mother's Maiden Name	Unknown				Mother's Birthplace "	
	Name of person giving information	J. Blair				How related to deceased None	
<div style="display: flex; justify-content: space-between; align-items: center;"> <div>CAUSES OF DEATH</div> <div style="border: 1px solid black; border-radius: 50%; padding: 10px; font-size: 24px; font-weight: bold;">172</div> </div>							
PHYSICIAN OR CORONER	Primary					How long	
	Immediate	Drowning				How long	
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician J. Blair (coroner)		
	Address Sparrows Point Md.						
Accident or Suicide Unknown							

